

Dr Ajith Azad, Dr Sajith Azad and Dr NM Mohamed Faiz

Quality Report

Boleyn Medical Centre 1st floor
East Ham
London
E6 3BD
Tel: 02084758550
Website: www.theazadpractice.nhs.uk

Date of inspection visit: 24 October 2016
Date of publication: 12/12/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8

Detailed findings from this inspection

Our inspection team	9
Background to Dr Ajith Azad, Dr Sajith Azad and Dr NM Mohamed Faiz	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Ajith Azad, Dr Sajith Azad and Dr NM Mohamed Faiz on 24 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Carry out a regular review of all significant events to identify any repetitions or trends.
- Review processes for recording discussions and agreements at meetings to ensure such information is shared effectively within the practice.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice participated in a screening programme for diagnosing cases of latent tuberculosis (TB).
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Over 65s were prioritised for the flu vaccine.
- Patients identified as being at risk of unplanned admissions were closely monitored and reviewed following discharge to ensure any changes to their needs were implemented.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Quality and Outcomes Framework (QOF) performance in 2015/16 for diabetes related indicators was 84% which was in line with the CCG average of 86% and the national average of 90%. Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had a dedicated call and recall system for patients with long term conditions, whose management involves all members of the practice team.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered services aimed specifically at young people including confidential family planning advice.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Children on the child protection list were discussed at monthly meetings with the health visitor and were also discussed with the social worker.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a dedicated clinic for health checks to those aged 40-75 in Newham who were not diagnosed with a chronic disease.
- Meningitis vaccinations were offered to university students.
- The practice provided information about self-referral to services such as Newham Talking Therapies for psychotherapy, physiotherapy, alcohol counselling, sexual health and family planning clinics.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- 83% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 76% and the national average of 78%.
- Quality and Outcomes Framework (QOF) performance in 2015/16 for mental health related indicators was 96% which was in line with the CCG average of 87% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Regular meetings with the community psychiatric liaison nurse were hosted at the practice to review patients with mental health problems.
- The practice carried out advance care planning for patients with dementia.
- Patients were signposted to various relevant support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 371 survey forms were distributed and 103 were returned. This represented 1% of the practice's patient list.

- 84% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76% and the national average of 85%.
- 97% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 66% of the CCG average and 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 55 comment cards which were mostly positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some patients commented about long waiting times to get appointments, both pre-booked and emergency appointments and that the practice appeared to have a very high number of patients.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results of the latest friends and family test showed that 60% of respondents would recommend this practice.

Dr Ajith Azad, Dr Sajith Azad and Dr NM Mohamed Faiz

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and a GP specialist adviser.

Background to Dr Ajith Azad, Dr Sajith Azad and Dr NM Mohamed Faiz

Dr Ajith Azad, Dr Sajith Azad and Dr NM Mohamed Faiz (also known as The Azad Practice) is a GP practice based in Boleyn Medical Centre in East Ham, London. The medical centre is situated on a high street in a residential area. It is a modern purpose built building which is shared with another GP practice. This practice is located on the first floor of the building. The medical centre is well served by public transport services. A disabled parking bay is provided at the rear of the premises. Parking on the surrounding streets is generally for permit holders only, however there are public car parks within walking distance of the practice.

East Ham is a town in the London Borough of Newham which is to the east of London. The practice is part of Newham Clinical Commissioning Group (CCG) and provides services under a General Medical Services contract (GMS) to around 8956 patients. Results from the 2011 census for the London Borough of Newham show a majority white British population as (49.46%) followed by those of black African ethnicity in (15.43%). Newham residents have lower life

expectancy and higher rates of premature mortality than other Boroughs in London and the average for England as a whole. The main causes of death in Newham are cardiovascular disease, cancer and respiratory disease and the levels of diabetes are among the highest in the country. Newham is the third most deprived local authority area in England. The area has a higher percentage than national average of people whose working status is unemployed (13% compared to 5% nationally) and a lower percentage of people over 65 years of age (7% compared to 17% nationally).

Clinical services are provided by three full time GP partners (all male, 9 sessions each per week) and three part time practice nurses (all female, six sessions in total). There were also two healthcare assistants (HCAs), a fulltime practice manager and six reception/administrative staff. Patients who wished to be seen by a female GP were able to book appointments at other local practices through the out of hours arrangements.

The practice is open from 9am to 6.30pm every day except weekends when it is closed and Thursday afternoon when it closes at 1pm. Appointments are available from 9am to 11am and then 4pm to 5pm except Thursday when there are no afternoon clinics. When the practice is closed patients are directed to the extended hours GP service which operates from 6.30pm to 9pm Monday to Friday and Saturday from 9am to 1pm. The practice also operates a daily emergency walk-in clinic for which patients have to be booked in by 11am for morning appointments and 5pm for evening appointments.

Detailed findings

The practice is registered to provide the regulated activities services of treatment of disease, disorder or injury; diagnostic and screening procedures; maternity and midwifery from Boleyn Medical Centre 1st floor, East Ham, London, E6 3BD.

Dr Ajith Azad, Dr Sajith Azad and Dr NM Mohamed Faiz was not inspected under the previous inspection regime.

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 24 October 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, healthcare assistants and non-clinical 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.

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. One example was an incident where a district nurse had sent a fax to the practice on a Friday evening requesting a review of a patient. This fax was not picked up until Monday morning at which point the patient was visited by a GP and subsequently admitted to hospital. Following this incident an investigation took place and it was discussed at a practice meeting. Actions were agreed and put in place which included putting in place a "Friday lock down checklist". This included a number of important tasks which needed to be completed before the practice closed. Tasks included checking the fax machine last thing on Friday and first thing on Monday. We saw that this checklist was displayed at all exit points to the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. This included guidance about female genital mutilation (FGM) and we saw posters in clinical rooms detailing the reporting procedure. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses and HCAs were trained to level 2 or 3 and non-clinical staff to level 1. Children on the child protection list were discussed at monthly meetings with the health visitor and were also discussed with the social worker.
- A notice in the waiting room and in each consulting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A cleaner provided by the landlord was responsible for cleaning communal areas. Staff cleaned furniture and equipment in the consulting rooms. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The most recent was carried out in October 2016 and only one action point was highlighted which related to peeling paint in the nurse's room. We saw that this had been reported to the landlord and action was underway to address this.

Are services safe?

- We saw that curtains in the consulting rooms were changed and cleaned regularly. Waste collection was organised by the landlord. Sharps bins and clinical waste was collected by weekly by a contractor.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Emergency medicines were checked monthly which included checking expiry dates. Temperatures of vaccine fridges were checked twice a day and a stock take was carried out weekly which included rotating stock to ensure older stock was used first. Fridges were cleaned monthly.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. On delivery serial numbers for the pads were noted and records of the pads given to each GP were noted. Prescription pads were stored overnight in a locked cupboard.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. (A PSD is the traditional written instruction, signed by a prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use. Testing was carried out separately for equipment belonging to the practice and that belonging to the landlord. We saw recent electrical testing had been carried out in June 2016. Clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Cover for leave and sickness was generally organised between existing staff. Locum GPs were not generally used. We were told a locum nurse had been used in 2015 but the practice had since recruited an additional nurse.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. These were checked regularly. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Each nurse's room had an anaphylaxis kit. All the medicines we checked were in date and stored securely.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or

building damage. The plan included emergency contact numbers for staff. They also had an emergency kit which included a portable disc drive containing relevant practice information, a prescription pad and a mobile phone.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice followed the Clinical Effectiveness Group (CEG) templates to ensure the care and treatment they provided was in line with evidence based guidelines.

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 92% of the total number of points available with an exception reporting rate of 3% which was in line with the CCG rate of 4% and the national level of 7%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2015 to March 2016 showed:

- At 84% performance for diabetes related indicators was similar to the CCG average of 85% and the national average of 90%.
- At 96% performance for mental health related indicators was similar to the CCG average of 88% and the national average of 93%.

There was evidence of quality improvement including clinical audit.

- The practice had carried out seven audits in the last two years. We looked two examples of these which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice decided to do an audit around reducing broad-spectrum antibiotics prescribing. It had been identified from data supplied by the CCG Medicines and Prescribing Team that the practice had a higher than local average rate of antibiotic prescribing. The first cycle of the audit was undertaken from September 2014 to September 2015. A search was carried out on the practice patient database for antibiotics issued from September 2014 to September 2015. This showed the number of antibiotic prescriptions issued by the practice within that period was 126. Following that, a clinical meeting was held in the practice attended by all three prescribers to review the results and implement changes to reduce antibiotic prescribing in keeping with local anti-microbial guidelines. The search was then repeated for the period September 2015 to September 2016. The results showed the number of prescriptions had reduced by 57% to 44.

Information about patients' outcomes was used to make improvements. For example the practice was aware of the risk of patients who developed gestational diabetes, going on to develop type 2 diabetes. This risk could be avoided by regular blood sugar testing. As such, the practice reviewed the procedure for ensuring these tests were carried out, which in turn led to an improvement in the number of patients having regular screening.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccines and carrying out NHS health checks.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice shared patients' records, including information about patient's wishes with regard to end of life care, with out of hours services to ensure continuity and that their preferences were prioritised.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those at risk of unplanned admissions to hospital.
- Patients at risk of unplanned admissions were reviewed within 48 to 72 hours of receipt of the discharge summary. They were then reviewed by a GP in person or by telephone to ensure any changes to their care and treatment were implemented.
- The practice issued community prescriptions where patients identified as being at risk of developing diabetes were offered a wide range of free activities run by local groups to encourage them to be more active.
- Patients were directed to local pharmacies that had been commissioned by the CCG to provide smoking cessation advice. A local service had also been set up to support those affected by substance misuse. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those

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

with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were largely comparable to CCG/national averages. For example, childhood immunisation rates for the

vaccinations given to under two year olds ranged from 1% to 94% (CCG 24% to 94%, national 73% to 95%) and five year olds from 72% to 99% (CCG 75% to 95%, national 81% to 95%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The 55 patient Care Quality Commission comment cards we received were largely 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. Some patients commented about long waiting times to get appointments, both pre-booked and emergency appointments and that the practice appeared to have a very high number of patients. However, these experiences were not reflected in the GP patient survey results or from feedback from patients we spoke with during the inspection.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

Are services caring?

- The practice used Newham “Language Shop” which provided interpreting and translations services. They also provided braille translation and sign language interpreters. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice used health advocates to assist patients navigate the health care system.
- A hearing loop was available to support patients with impaired hearing.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice’s computer system alerted GPs if a patient was also a carer. The practice had identified 152 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice referred patients who were carers to a local network where they could undergo a needs assessment. We saw notices in reception encouraging carers to identify themselves. The practice also opportunistically identified patients who were carers if they noticed or discovered from conversations with patients that they had caring responsibilities.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in a screening programme for diagnosing cases of latent tuberculosis (TB). This programme had been implemented as a response to the high number of TB cases in the Newham area. If a positive diagnosis was made, patients were referred to appropriate services for treatment and monitoring. The practice was also involved in pre-diabetes primary prevention which involved monitoring patients identified as being at high risk of developing the disease.

- The practice offered late appointments (6.30pm to 9pm) and Saturday (9am to 1pm) appointments through the extended hours GP service for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS at the clinic. They were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was in an area with a significant Romani population. The practice had met with representatives of that group, to try and understand and meet their needs.

Access to the service

The practice was open from 9am to 6pm every day except weekends when it was closed and Thursday afternoon when it closed at 1pm. Appointments were available from 9am to 11am and then 4pm to 5pm except Thursday when there were no afternoon clinics. When the practice was closed patients were directed to the extended hours GP service which operated from 6.30pm to 9pm Monday to

Friday and Saturday from 9am to 1pm. Patients could also contact the Newham GP co-operative which provided out of hours services from the local hospital. Their contact details were provided in the practice leaflet. The practice also operated a daily emergency walk-in clinic for which patients had to be booked in by 11am for morning appointments and 5pm for evening appointments. Pre-bookable appointments were available and could be booked up to four weeks in advance. Emergency appointments were also available for people that needed them.

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

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system in the practice leaflet, on display in reception and on the practice website.

We looked at the three complaints received by the practice in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns

and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, one patient had complained about having to wait a long time after their appointment time before they were actually seen. The practice had investigated the complaint, apologised to the patient and discussed at a practice meeting where it was highlighted that patients should be kept informed of delays with clinics.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice did not have an articulated mission statement on display, however staff shared a common ethos and knew and understood the practice's values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. For example, the practice had recognised that its prevalence of atrial fibrillation (AF) and chronic obstructive pulmonary disease (COPD) prevalence were low and had made efforts to increase case finding of these conditions. They trained their health care assistants to carry out ECGs and spirometry in the practice for that purpose. The practice was now performing in line with local and national averages.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us team meetings were held monthly. They also had brief meetings in between the morning and afternoon clinics where necessary.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff met regularly to socialise, for example at Christmas time and to celebrate birthdays and other important occasions.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff were encouraged to develop their careers. For example, one of the healthcare assistants (HCA) had initially joined the practice as part of the administrative team and had been encouraged to train as a HCA.

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had been consulted about reorganising the waiting area to ensure space was allocated for pushchairs in order to keep the area safe and free of obstacles.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was engaged in working towards federation (joining together with other general practices or surgeries to form an organisational entity and working together within the local health economy). The aim of federations in primary care was to share the responsibility for delivering health care services for its communities. The practice was involved in bidding to deliver services as part of the local GP federation and influencing the types of services the federation would provide in line with local need and health priorities.