

Dr KP Kashyap's Practice

Quality Report

Marks Gate Health Centre

Lawn Farm Grove

Romford

RM6 5LL

Tel: 020 8918 0560

Website: www.drkashyap.co.uk

Date of inspection visit: 16 November 2017

Date of publication: 22/02/2018

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

Overall summary

Page

2

Detailed findings from this inspection

Our inspection team

4

Background to Dr KP Kashyap's Practice

4

Detailed findings

5

Action we have told the provider to take

17

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good. (Previous inspection September 2016 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The concerns raised in Safe and Well Led affect all of the population groups.

The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those retired and students) – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) – Requires improvement

We carried out an announced comprehensive inspection at Dr KP Kashyap's Practice on 16 November 2017 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.

At this inspection we found:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had processes and practices to minimise risks to patient safety but these were not always followed prior to the prescribing of some high risk medication.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

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

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

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

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

- Carry out regular fire drills.
- Consider implementing DBS checks which are role specific, or risk assessments if a DBS check is not considered necessary.
- Ensure that regular locum staff attend clinical meetings and are included in shared learning outcomes.

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

Dr KP Kashyap's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr KP Kashyap's Practice

Dr KP Kashyap's Practice is located within a health centre in Romford and is a part of Barking and Dagenham Clinical Commissioning Group. There were 4780 patients registered with the practice.

The practice has one male GP Partner (4 sessions per week), one female GP partner (9 sessions), one sessional male GP (3 sessions), one sessional female GP (4 sessions), one practice nurse (6 sessions) and one health care assistant (3 sessions)..

There is also a practice manager, an assistant practice manager and four admin/reception staff. The practice

operated under a General Medical Services Contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is open Monday, Tuesday, Wednesday and Friday 8:30am to 6:30pm with phone lines being open from 8am to 6:30pm. The practice is closed on Thursday afternoon from 1pm.

Appointment times were as follows:

- Monday, Tuesday, Wednesday and Friday: 8:45am to 12:00pm and 4:30pm to 6:30pm.
- Thursday: 8:45am to 12:00pm.

The out of hours provider covers telephone calls made when the practice is closed.

Dr KP Kashyap's Practice operates regulated activities from one location and is registered with the Care Quality Commission to provide surgical procedures, treatment of disease, disorder and injury, diagnostic and screening procedures and family planning.

Extended hours are not offered by the practice but there are three out of hours hubs that patients can access between 6:30pm and 10pm Monday to Friday, 12pm to 5pm on Saturday and 12pm to 4pm on Sunday.

Are services safe?

Our findings

We rated the practice as requires improvement for providing safe services.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment, completed by the Landlord, and we saw evidence of regular fire alarm testing. The last fire drill, carried out by the Landlord was in 2014, but the practice did not carry out its own.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments commissioned by the Landlord, to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients and staff were required to plan their annual leave as far in advance as possible to ensure that adequate staffing was available.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body. However not all Disclosure and Barring Service (DBS) checks were recent, or role specific. The practice did not have risk assessments in place, or a DBS policy to cover who needed a DBS check or how often they should be renewed (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).

- All staff received up-to-date safeguarding and safety training appropriate to their role. With respect to child safeguarding, all GPs were trained to level 3, nurses to level 2 and non-clinical staff to level 1. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken (the last one being completed in May 2017) and we saw evidence that action was taken to address any improvements identified as a result.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- Not all staff had received basic life support (BLS) training within the last 12 months. Some staff members were last updated in March 2016. We were not informed of any planned BLS training that was due to take place.
- There were emergency medicines available in the treatment room. Some of these medicines were out of date including a first aid kit which had expired in 2003.
- The practice had a defibrillator available on the premises and oxygen. There were no masks available with the oxygen and no records to evidence when these items were last checked. They were ordered on the day of the inspection

Are services safe?

- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Although there were processes for handling repeat prescriptions which included the review of high risk medicines, we found evidence of several occasions where blood tests were not reviewed prior to the prescribing of methotrexate. Methotrexate is a medication used to treat certain types of cancer of the breast, skin, head and neck, or lung. It is also used to treat severe psoriasis and rheumatoid arthritis. An action plan and revised policy has since been put in place to ensure that blood tests are reviewed prior to the prescribing of methotrexate.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored but there were no systems to monitor their use, or location, once removed from secure storage. Blank

prescriptions were left in printers, in unsecured rooms, and the location of the surgery within a building used by other services meant that access to these rooms could be gained without staff being aware.

- Patient Group Directions (PGD) had been adopted by the practice to allow the nurse 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). Where necessary, the HCA worked under a Patient Specific Direction (PSD) and we saw examples of these in patient records. (PSDs are written instructions for the supply or administration of medicines to a specific patient).

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. Although the practice carried out a thorough analysis of the significant events, learning outcomes were not always shared with all staff members. For example, regular long term locums were used by the practice, but they were not aware of the occurrence, or outcome, of significant events. They were not invited and did not attend meetings.
- National patient safety alerts were received by the practice manager and circulated to the lead GP but no record was kept as to what action, if any, was taken. There was no log to record these and the practice was not aware of some recent alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services.

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing data provided by the practice, extracted from the Public Health England's National General Practice Profiles, showed that the total number of prescribed antibiotic items per 1000 registered patients by quarter was comparable to the national average (practice 0.68; national 0.98).
- The percentage of broad spectrum prescribed antibiotic items (cephalosporin, quinolone and co-amoxiclav class) by quarter was better than the national average (practice 1.44% national 4.71%). The practice told us they were working with the medicine optimisation team and attended locality prescribing group meetings which was a forum to share good practice with other practices.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice had systems 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.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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

- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The needs of working age patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, access to a local hub for out of hours appointments was available between 6:30pm and 9:30pm.

Are services effective?

(for example, treatment is effective)

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, asylum seekers, victims of trafficking and those with a learning disability.

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

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 84%.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average of 89%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was practice 91%; CCG 94%; national 89%; and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was practice 98%; CCG 96%; national 95%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Findings were used by the practice to improve services. For example, recent action taken as a result of a Chronic Obstructive Pulmonary Disease (COPD) audit included issuing of new guidelines to the practice nurse which encourage her to become more pro-active in the completion of lung function tests. This was seen to improve patient outcomes on the second audit cycle.

The most recent published Quality Outcome Framework (QOF) results were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. The

overall exception reporting rate was 13% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

- Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date by access to on line resources and discussion at practice meetings.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw a sample of four records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Are services effective?

(for example, treatment is effective)

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. There was a health and well being co-ordinator available and patients were also referred into an organisation called Health 1000 which supported patients with more than 5 medical conditions.
- Staff discussed changes to care or treatment with patients and their carers as necessary. Carers were introduced to a local support group called Barking and Dagenham Carers
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those

with a learning disability information was available in an easy to understand format. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme.

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and they supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

- 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.

Are services caring?

Our findings

We rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and sixty three surveys were sent out and 114 were returned. This represented about 2% of the practice population. The practice was comparable to the clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 87% of patients who responded said the GP gave them enough time; CCG - 77%; national average - 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 91%; national average - 95%.
- 80% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 76%; national average - 86%.
- 87% of patients who responded said the nurse was good at listening to them; (CCG) - 85%; national average - 91%.
- 86% of patients who responded said the nurse gave them enough time; CCG - 84%; national average - 92%.

- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 94%; national average - 97%.
- 82% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 83%; national average - 91%.
- 85% of patients who responded said they found the receptionists at the practice helpful; CCG - 83%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers at point of registration and opportunistically. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 50 patients as carers (1% of the practice list).

- Barking and Dagenham Carers Organisation attend the practice every month to provide support and advice to carers and to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services caring?

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:

- 83% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 78% and the national average of 86%.
- 79% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 72%; national average - 82%.

- 87% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 83%; national average - 90%.
- 76% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 78%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. Although the practice did not offer extended hours, there were appointments available at one of the three local hubs on weekday evenings until 9:30pm as well as at weekends for working patients who could not attend during normal opening hours.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. There was also a hearing loop, and interpretation services available.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, asylum seekers, victims of trafficking and those with a learning disability.
- The practice was actively working with Barking and Dagenham Carers Organisation who attended the practice every month and provided support and advice to carers

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

Are services responsive to people's needs?

(for example, to feedback?)

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed and an attempt was made to keep these to a minimum.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and sixty three surveys were sent out and 114 were returned. This represented about 2% of the practice population.

- 63% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 63% of patients who responded said they could get through easily to the practice by phone; CCG – 62%; national average – 71%.
- 74% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 74%; national average – 84%.

- 72% of patients who responded said their last appointment was convenient; CCG – 68%; national average – 81%.
- 74% of patients who responded described their experience of making an appointment as good; CCG – 63%; national average – 73%.
- 57% of patients who responded said they don't normally have to wait too long to be seen; CCG – 45%; national average – 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year. We reviewed all three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- The arrangements for governance and performance management did not always operate effectively.

Leadership capacity and capability

The leaders in the practice had the necessary experience, knowledge, capacity and skills to lead effectively but there were gaps in their governance arrangements.

- Leaders were not always aware of the risks and issues within the practice.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- 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.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these concerns would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. All staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. The lead GP was the lead for most roles within the practice including safeguarding and infection control.

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Although clinical meetings were held on a regular basis, neither of the regular locum staff attended. One locum GP provided three clinical sessions per week, whilst the other supported the practice with four sessions per week. We saw no evidence that they were invited to the meetings nor did any learning appear to be shared.
- The practice did not appear to have a training programme for non-clinical staff which recognised the areas that they would be expected to be trained, on with many areas not covered e.g. Equality and Diversity, Information Governance and Mental Capacity Act. We did see evidence of training for non-clinical staff in areas such as chaperoning and customer service.

Are services well-led?

Requires improvement 

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

Managing risks, issues and performance

There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions but these were not always followed.

- The practice had a procedure for recording the death of a patient and ensuring that they were de-registered and that letters and communications were no longer sent to the patient. This involved writing the name of the patient in the “Deceased Book” but the lead GP was not aware of this book and it appeared that this procedure was not being followed. We saw evidence of a patient who had died earlier in 2017 but who was still shown on the clinical system as an “active” patient. The patient details were not noted in the “Deceased Book”. Upon examining the book it was noted that the practice appeared to only have had three deaths in 2017 up until the date of inspection, five deaths in 2016, six deaths in 2015 and three deaths in 2014. We were told that not all deaths that had occurred had been recorded in the book.
- The practice had a Monitoring High Risk Medication Policy which included medications such as Methotrexate, and Warfarin. The policy stated that, as is recommended, prescriptions would only be issued after the GP had seen the results, or a letter, stating that blood tests and monitoring of the patient was satisfactory. We saw evidence of several occasions where medications were issued without the appropriate monitoring taking place. For instance a patient had blood tests in July 2017 but was prescribed methotrexate in November 2017 without any further blood tests being requested.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of incidents, complaints and MHRA alerts, although there was no process or log in place to record what action was taken in respect of the alerts.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality services.

- A full and diverse range of patients’, staff and external partners’ views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group who last met in May 2017. We saw minutes of that meeting where current practice issues had been discussed, for example, online appointment services, patients not attending GP and hospital appointments and carer services. This meeting was attended by a guest speaker from the Family Carers Association. Various suggestions were put forward and we saw evidence of the implementation of some of these suggestions including posters in the waiting area and assistance with how to access social services.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice took part in schemes to improve outcomes for patients in the area.

- Barking and Dagenham Carers Organisation attend the practice every month to provide support and advice to carers and to help ensure that the various services supporting carers were coordinated and effective.
- There was also a weekly visit to the practice by a co-ordinator from Barking & Dagenham’s Health and

Are services well-led?

Requires improvement 

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

Well Being Board. Appointments were made by, and on behalf of, patients who are frail and socially isolated, so that they could obtain further advice and support from local organisations

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate the risks to the health and safety of patients receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Prescriptions were issued for high risk medications without the appropriate blood tests and monitoring of patients taking place.• Some emergency medicines were out of date.• Failure to action recommendations from the legionella risk assessment.• Masks were not available for the supply of oxygen• Regular checks were not being carried out on emergency medications, the status of the defibrillator or the amount of oxygen in the oxygen cylinder. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p>

This section is primarily information for the provider

Requirement notices

- There was an ineffective system for reviewing and cascading safety alerts.
- There were no systems in place to monitor and record prescription use or to ensure their security within the building.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity

Diagnostic and screening procedures
Family planning services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The registered person did not have effective systems in place to ensure that recruitment procedures and policies are established and operated effectively. In particular:

- The members of staff employed by the registered provider did not receive appropriate training as was necessary to enable them to carry out their duties.

This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014