

Dr Chandrakant Patel

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Chandrakant Patel surgery on January 16 2017. 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 a system in place for reporting and recording significant events, however learning from significant events was not evident.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, however improvements were needed in relation to infection control.
- 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.
- 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 area where the provider must make improvement is:

- Assess, monitor and mitigate risks to patient's safety concerning infection control.

The areas where the provider should make improvements are:

Summary of findings

- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Ensure learning from significant events are clear and evident.
- The provider should review their current system in place to avoid the fridge being turned off accidentally.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was a system in place for reporting and recording significant events, however learning from significant events was not evident.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, however improvements were needed in relation to infection control.
- Risks to patients were assessed and well managed.
- The practice had an effective system in place for managing safety alerts.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the CCG and national averages.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice below the local CCG and national averages in some areas, however the practice was aware and had implemented an action plan.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- All carers received annual health check and influenza vaccination, however the practice did not have written information available to direct them to various avenues for support.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- 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.
- 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.
- The practice had a system in place to assess whether a home visit was clinically necessary.

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 GPs 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.

Good



Summary of findings

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however the practice did not follow up on actions identified in the infection control audit.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There were 43 patients aged 75 and they all had a named GP to ensure continuity of care.
- 99% of the practice's over 65 year old patients had received the influenza vaccination.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were 100% which was above the CCG average of 85% and national average of 90%. This had been achieved with an exception rate of 1% compared to the CCG average of 7% and national average of 12%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and structured three monthly reviews to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- 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.

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 91%, which was higher than the CCG average of 78% and the national average of 81%.
- Appointments were available with the GP, outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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.
- Patients had access to the new Newham wrap 8-8 bookable appointments service.
- Telephone consultations were available on the day or could be prebooked.

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 and annual health checks for patients who were carers and those with a learning disability.
- 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.

Good



Summary of findings

- 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).

- Data showed that all four (100%) patients diagnosed with dementia had been reviewed in a face-to-face setting in the preceding 12 months at the practice, which was above the CCG of 81% and national average of 84%. This had been achieved with an exception rate of 0% compared to the CCG average of 6% and national average of 7%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice carried out dementia screening at regular intervals.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local averages, however they were below national averages in some areas. A total of 352 questionnaires were sent out to patients and 70 were returned; this was a response rate of 20%.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 71% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 66% and national average of 76%.
- 68% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and national average of 85%.

- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average 68% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a caring and professional service and staff were helpful, responsive and treated them with dignity and respect.

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.

Dr Chandrakant Patel

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was supported by a GP specialist adviser.

Background to Dr Chandrakant Patel

Dr Chandrakant Patel's surgery is a family owned and run practice providing primary medical services to approximately 2095 patients through a General Medical Services contract (GMS). (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the Newham Clinical Commissioning Group (CCG). Services are provided from a converted two storey detached house in Forest Gate, Newham on a one way road in a residential area. The practice is served by local buses and paid parking facilities are available on neighbouring streets.

Based on data available from Public Health England (PHE), the practice is located in one of the third most deprived decile areas. The level of deprivation within the practice population group is rated as three on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. Compared to the national average the practice has a higher proportion of patients between 20 and 39 and lower proportions of patients over 40 years of age. Data obtained from the practice as of January 2017 showed that 64% of patients registered are from an Indian background.

The medical team is made up of two GP partners. The male GP working three clinical sessions a week and the female

GP working six clinical sessions and four management sessions weekly and a female practice nurse completing five sessions per week. The clinical team are supported by a reception manager and one administrative staff.

The practice opening hours are:

Monday 9:00am to 1:00pm and 5:00pm to 6.30pm

Tuesday 2:00pm to 6:30pm (closed in the morning)

Wednesday 9:00am to 1:00pm and 5pm to 6:30pm

Thursday 9:00am to 1:00pm (closed in the afternoon)

Friday 2:00pm to 6:30pm (closed in the morning)

GP appointments are available from:

Monday 9:00am to 11:00am and 5:00pm to 6:30pm

Tuesday 2:00pm to 4:00pm and 5:00pm to 6:30pm

Wednesday 9:00am to 11:00am and 5:00pm to 6:30pm

Thursday 9:00am to 11:00am

Friday 2:00pm to 4:00pm and 5:00pm to 6:30pm

Extended hours appointments are offered between 6:30pm to 7:00pm on Monday and Tuesday. Same day appointments are bookable on the day by telephoning the practice. The Out of Hours service is provided by Newham Out of Hours GP service and can be accessed by ringing the practice's telephone after 6:30pm where the call is then diverted or the patient can telephone directly using the local rate telephone number which is on the practice website and practice leaflet.

Dr Chandrakant Patel's Surgery operates regulated activities from one location and is registered with the Care Quality Commission to provide treatment of disease, disorder and injury, maternity and midwifery and diagnostic and screening procedures. The practice is not registered to carry out family planning.

Detailed findings

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.

Dr Chandrakant Patel's Surgery was not inspected under the previous inspection regime.

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 16 January 2017. During our visit we:

- Spoke with a range of clinical and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed 43 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events, however learning from significant events was not evident.

- Staff told us they would inform the GPs or duty doctor of any incidents and there was a recording form available on the practice's computer system, as well as hard copies kept in the reception area. 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.
- The practice recorded and discussed significant events, however learning outcomes were brief and we were not assured based on the significant events we looked at that enough was done to prevent the same thing from happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Although the practice recorded and discussed significant events, they did not sufficiently demonstrate that lessons were being learnt from them. The practice provided us with two significant events relating to aggressive and intimidating behaviour from patients that were discussed at the staff meeting, however we noted that learning outcomes were brief and lessons learnt were not clear. There was little evidence to demonstrate that as a result of investigations, steps were put in place to decrease the likelihood of similar incidents from happening again.

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, however improvements were needed in relation to infection control.

- 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. The GP was the safeguarding lead and GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We saw evidence that at risk children and vulnerable adults were discussed at staff meetings. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, practice nurse and the reception manager were trained to child protection or child safeguarding level 3 and reception staff level one.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy; however certain areas were in need of refurbishment.
- The GP 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. We saw records to confirm that the practice carried out annual internal infection control audits; however we found actions identified by the CCG's infection control team in 2014 had not been fulfilled at the time of inspection. For example, taps in all clinical areas were not elbow or wrist operated mixer taps and plugs and overflows were present at all the hand washing sinks in treatment rooms. The practice agreed on completing the identified required changes within one year. The practice had not risk assessed the risks to service users. The GP told us that this had not been actioned due to financial constraints and because they were planning to move premises by the end of the year. We did not see any evidence to assure us that the provider will relocate in the next one year.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However, the label on the plug to avoid turning the fridge off accidentally was almost inaccessible and out of view. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice had a register for high risk medicines which were reviewed regularly and ensured relevant tests were carried out. For example, repeat prescription for high risk medicines such as warfarin were only issued on site if patient had their yellow monitoring book checked.

- 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. Patient Group Directions had been adopted by the practice to allow the practice 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).
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. We saw evidence that recent patient safety alerts were printed and stored in a folder accessible to all clinical staff. 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 fire drills annually. All electrical equipment was checked to ensure the equipment was safe to use and 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 control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The two GP and administrative staff covered each other during annual leave and short term sickness. The practice did not use locum GPs or practice nurses.

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. Staff also had access to a flowchart which instructed them on how to respond to different emergencies.
- All staff received annual basic life support training which included recognition and treatment of an anaphylactic reaction. There were emergency medicines available in the treatment room including anaphylactic response kits.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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 and details of local practice with whom they had reciprocal arrangements. Copies of the plan were held off site by all members of staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- 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 GPs regularly read the BMJ and shared new updates with team; one of the GPs was a member of a GP group on Facebook (social media platform) which disseminated new information.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. We saw evidence to confirm that patient safety alerts such as MHRA were discussed regularly at meetings. A hard copy of alerts including direct healthcare professional communications were printed and stored chronologically in a folder.

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 95% of the total number of points available with 1% exception reporting. 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 effect.

Data from QOF 2015/2016 showed:

- Performance for diabetes related indicators were 100% which was above the CCG average of 85% and national average of 90%. This had been achieved with an exception rate of 1% compared to the CCG average of 7% and national average of 12%.

- Performance for mental health related indicators were 86% which was similar to the local CCG average of 86% and national average of 93%. Data showed that 100% of patients diagnosed with dementia had been reviewed in a face-to-face setting in the preceding 12 months at the practice, which was above the CCG of 81% and national average of 84%. This had been achieved with an exception rate of 0% compared to the CCG average of 6% and national average of 7%.
- Asthma related indicators were 100%, in line with the local CCG average of 94% and national average of 97%. This had been achieved with an exception rate of 4% compared to the CCG average of 3% and national average of 7%.
- The percentage of patients with schizophrenia, bipolar disorder and other psychosis who had a comprehensive, agreed care plan documented in their record for the preceding 12 months was 100%. This was above the CCG average of 83% and the national average of 88%. This had been achieved with an exception rate of 0% compared to the CCG average of 8% and national average of 13%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both were full cycle audits where improvements made were implemented and monitored. One of the audits undertaken looked at how the practice could safeguard the use of medicines after patients were discharged from hospital (medicines reconciliation audit). The audit looked at the discharge summaries for four patients who were selected at random (two per thousand practice list). There were clear outcomes and the audit completed in July 2016 showed good results with improved scores and the GPs were able to demonstrate key learnings as a result of the audit.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice over the last three years consistently immunised over 95% of their over 65 year olds for the seasonal influenza and as a result the local CCG sought advice from the practice on how to improve other local GP practices uptake rate. This was filmed and can be found on YouTube and was used in the Newham area to educate residents about influenza.

Are services effective?

(for example, treatment is effective)

- Information about patients' outcomes were used to make improvements such as, introducing a prescribing decision support tool which provided detailed patient safety information messages, medicine switch recommendation and dosage optimisation.

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 although the last staff member was recruited in 2012. 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 such as diabetes attended diabetes update courses at regular intervals.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The practice nurse told us that she attended cervical screening updates 3 yearly; she last attended in March 2015. 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 attending the monthly practice nurse's forum.
- 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 external training organised by the GPs.

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. We looked at referral letters, abnormal results and their process for handling two week waits and we found that they contained adequate information and appropriate action taken to arrange follow ups if required. We also sampled 30 incoming letters which were awaiting coding/filing, one of the letters we looked at had been there since August 2016, and the GP told us that she was awaiting further advice from the hospital regarding the patient before filing.
- 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. For example, multidisciplinary team meetings were held two monthly where care plans were routinely reviewed and updated for patients with complex needs. These meetings were attended by other health care professionals such as the palliative care team, district nurses and health visiting team. We saw evidence of joint efforts of working between the GPs, district nurses and respiratory team in relation to a high risk patient who had lost considerably amount of weight in a short time period.

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.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and lifestyle management programmes. Patients were signposted to the relevant service.
- The practice had been involved in the HepFree Project which allowed screening of around 800 patients for Hepatitis B and C. The practice identified 1% of the practice population as having hepatitis who received treatment as a result of this project.

The practice's uptake for the cervical screening programme was 91%, which was higher than the CCG average of 78% and the national average of 81%. This had been achieved with an exception rate of 9% in line with the local CCG average of 11% and national average of 7%. 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 capitalising on opportunistic testing and they ensured a female sample taker was

available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice encouraged prevention of illness and early detection by inviting patients for NHS Health checks and primary prevention review for cervical, bowel and breast screening. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

- Data showed that 79% of female patients had been screened for breast cancer within the last three years compared to the CCG average of 59% and national average of 72%.
- Data showed that 61% of patients had been screened for bowel cancer within six months of invitation compared to the CCG average of 40% and national average of 58%.

The current UK immunisation programme offers all children routine immunisation against a group of infections, immunisation of selective cohorts at risk of certain conditions and some vaccinations for travel outside the UK. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 97% in line with the national expected coverage of vaccinations and five year olds from 76% to 89%. This was in line with the CCG averages of 77% to 93% and national averages of 88% to 94%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

On the day of the inspection, we observed members of staff being 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 the private room on first floor to discuss their needs.

All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a caring and professional service and staff were helpful, responsive and treated them with dignity and respect.

We spoke with three 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. They told us that the practice is open, honest and met the needs of their multicultural patients. 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 below their local CCG and national average in some areas for satisfaction scores on consultations with GPs and nurses. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.

- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 86% and the national average of 92%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% to the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 91%.
- 63% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%. The practice told us that

Results from the practice survey in response to the national GP patient results highlighted that patients were happy with the service received. We saw that an action plan was put in place to improve the national GP patient results and maintain patient's satisfaction as well as to improve services, for example:

- 91% of patients felt that they were always treated with dignity and respect by the GP and nurses and 79% by the practice staff.
- 97% of patients would recommend the surgery.
- 82% of patients said they always see the same GP.
- 42 % of patient said that they were always seen within 10 minutes of their appointment time.
- 49% of patients said they were able to get an appointment on the day and time they want.

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.

Are services caring?

Most 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:

- 83% 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 87%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients in different languages of this service.
- There was a hearing loop available at reception.
- There was a suggestion box which encouraged patient feedback.

- Information leaflets were available in easy read format. These included leaflets about bereavement services, mental health and other relevant services.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 19 patients as carers (less than 1% of the practice list). All carers have had face to face review and influenza vaccine in the past year. Written information was not available to direct carers to the various avenues of support available to them, instead carers were asked to visit the Newham website for further information.

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 offering counselling. The GPs attended funerals in the past.

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.

- The practice offered extended hours on Monday and Tuesday evening until 7pm for working patients who could not attend during normal opening hours.
- Patients had access to the new wrap around 8-8 bookable appointments service. This service was available Monday to Sunday and was a pilot scheme on behalf of and in partnership with Newham CCG and Newham Health Collaborative Federation. Appointments could be booked via the single point of access telephone number.
- There were longer appointments available for patients with a learning disability and carers. All 21 patients have had annual health check carried out.
- 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. Vaccinations available privately were referred to a neighbouring GP practice or local pharmacy.
- There were disabled facilities, a hearing loop and translation services available.
- Young people were offered contraception advice and sexual health screening.
- The practice offered appointments for family members on the same day to avoid repeated trips to the practice.
- The practice utilised messages on patients prescriptions that acted as reminders of when to see the doctor or nurse for review.
- The practice carried out dementia screening at regular intervals and those with dementia were reviewed every two to three months with support offered to families/carers.

Access to the service

The practice opening hours were:

Monday 9:00am to 1:00pm and 5:00pm to 6:30pm

Tuesday 2:00pm to 6:30pm (closed in the morning)

Wednesday 9:00am to 1:00pm and 5pm to 6:30pm

Thursday 9:00am to 1:00pm (closed in the afternoon)

Friday 2:00pm to 6:30pm (closed in the morning)

GP appointments were available from:

Monday 9:00am to 11:00am and 5:00pm to 6:30pm

Tuesday 2:00pm to 4:00pm and 5:00pm to 6:30pm

Wednesday 9:00am to 11:00am and 5:00pm to 6:30pm

Thursday 9:00am to 11:00am

Friday 2:00pm to 4:00pm and 5:00pm to 6:30pm

Practice Nurse appointments were available from:

Monday 9:00am to 1:00pm

Tuesday 2:30pm to 6:30pm

Wednesday 9:00am to 1:00pm

Thursday 9:00am to 1:00pm

Friday 2:30 to 6:30pm

Extended hours appointments were offered between 6:30pm to 7:00pm on Monday and Tuesday. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them on the day. Patients could telephone the practice, walk in or book appointments online; 12% of patients who signed up for online booking had utilised this service in the last year. We discussed the practice's opening hours with one of the GPs who told us that the contract remained as it was since they first opened.

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.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 71% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

Following the national GP patient survey the practice took the following actions to improve patient access and waiting times.

- Patients were encouraged to use patient access online to book available appointments (these could be booked three months in advance).
- Reception staff promoted online booking to patients.
- Appointment times were extended for one of the GPs from 10 minutes to 15 minutes to improve waiting times as highlighted in practice survey.

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.

The reception team recorded the patient details requesting the home visit and these were passed onto the duty doctor who carried out a telephone consultation and arranged a home visit if clinically necessary. 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.
- The GP was responsible for handling all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including leaflets and information on the website.
- Staff we spoke to during the inspection told us they would listen to patient complaints and direct it to the GP.

We looked at two complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and actions were taken to as a result to improve the quality of care. We saw evidence that a verbal complaint was recorded and the GP sought advice from their defence union regarding a particular concern. Both complaints related to staff attitude and we saw that these were discussed during staff meeting and it was agreed that all staff would benefit from attending a communication training course. Complaints were all replied to using recorded delivery and copies of the receipts were kept in the complaints folder.

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 had a mission statement and staff knew and understood the values. This was to work in partnership with our patients and in collaboration with our primary and secondary care colleagues to provide high quality, personalised care in a safe, responsive and courteous manner.
- The practice had a strategy which reflected the vision and values and were regularly monitored. The GPs told us about a possible merger with another local GP practice towards the end of the year. With one of the GPs due to take retirement at the end of the year, they told us that merging with a local practice would ensure continuity of care for patients as well as better facilities.

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.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however the practice did not assess all risks to patients namely infection control.

Leadership and culture

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

They told us they strived to empower patients to improve their health and to deliver high quality care. Staff told us the GPs were family orientated, friendly and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The GPs 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 the practice held regular team meetings as well as daily ad-hoc communications.
- 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 told us they attended social events including meals out as a team.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice 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. We spoke with three members of the PPG who told us they meet

Are services well-led?

Good 

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

regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG group suggested electronic prescribing and they told us the practice implemented immediately.

- 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 told us they strived to be the best performing practice in the network , and were particularly proud of the following:

- The practice over the last three years consistently immunised over 95% of their over 65 year olds for the seasonal influenza. The practice was approached by Newham CCG on how to improve uptake in the CCG.
- The practice took part in the HepFree project which screened first and second generation patients from countries at risk of Hep B and C. The practice screened the most number (95%) of participants throughout January 2015.

This section is primarily information for the provider

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 Maternity and midwifery services 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> <ul style="list-style-type: none">• The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users specifically infection control. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>