

Dr Ramnikgiri Gonsai

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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Ramnikgiri Gonsai (Cumberland Medical Centre) on 19 July 2016. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed; however, the practice did not carry out annual Infection Control audits.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

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

The areas where the provider should make improvement are:

- The provider should take steps to make meeting minutes readily accessible to appropriate people.
- Review how patients are made aware of the chaperone system.

Summary of findings

- Review their procedure for IPC audits in line with national guidelines.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, however the practice did not carry out annual Infection Control audits.

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 national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice attended monthly clinical meetings attended by seven local GP practices to discuss guidelines and share good practice.

Are services caring?

The practice is rated as good for providing caring services, but there were areas where improvements should be made

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible, although none of the patients we spoke to were aware of the chaperone system.
- 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 Newham Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had trained the Healthcare Practitioner in Phlebotomy so that local patients could have this service either in their homes or at the practice instead of travelling to the hospital.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings; however, internal meeting minutes were held in a meetings book rather than shared with appropriate people.
- 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.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had multidisciplinary meetings every six weeks for older patients
- All patients over 75 had a named GP.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 85% which is comparable to the CCG percentage of 82% and higher than the national average of 78%.
- Longer appointments and home visits were available when needed.
- These patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had online appointment booking and prescription requests.

Good



Families, children and young people

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

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

Good



Summary of findings

- Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 78% of women aged 25-64 had received a cervical screening test which was comparable to the CCG and national averages of 81% and 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children and babies were prioritised for same day appointments.
- We saw positive examples of joint working with midwives and health visitors

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 reflects the needs for this age group.
- Same day appointments were available.
- The practice offered extended hours on Monday's and Tuesdays to accommodate working people.
- Telephone consultations were available.
- Online appointment booking and prescription requests were available.

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 those with a learning disability. There was also an alert on the patient records where a patient was identified as vulnerable.
- The practice offered longer appointments for patients 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).

- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015). This was higher than the CCG average of 84% and the national average of 88%.
- The Practice ran a monthly session with the Newham Primary Care Liaison Service where a Primary Care Liaison Nurse saw patients who had mental health issues and offered them assistance once they had been seen by the Community Mental Health Team.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 January 2016. The results showed the practice was generally performing in line with CCG averages, but some scores were lower than national averages. Four hundred and one survey forms were distributed and 97 were returned. This represented 3% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone which is higher than the CCG average of 61% and lower the national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average 66% and the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good which is higher than the CCG average of 76% and comparable to the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 69% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Patients commented on the kind and caring nature of all the staff and said they were treated with dignity and respect.

We spoke with eight patients during the inspection. All the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Not all of the patients were aware of the chaperone system; however, most of the patients spoken to have a good overall opinion of the practice.

The practice had reviewed responses to the Friends and Family Test (FFT) in which patients were asked 'How likely are you to recommend our service to friends and family'. Seventy- seven percent of patients responded that they were likely or very likely to recommend the practice; this is higher than the CCG average of 66% and comparable to the national average of 78%. Patients stated that the service was prompt and efficient, GPs listened carefully and were very supportive, and appointments were available within the week. Patients were happy with opening hours and were satisfied with the appointment process and access through the phone.

Areas for improvement

Action the service **SHOULD** take to improve

- The provider should take steps to make meeting minutes readily accessible to appropriate people.
- Review how patients are made aware of the chaperone system.
- Review their procedure for IPC audits in line with national guidelines.

Dr Ramnikgiri Gonsai

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Ramnikgiri Gonsai

Dr Ramnikgiri's practice, also known as the Cumberland Medical centre, is situated in a two storey building which is owned by the practice. They provide NHS primary medical services to approximately 2900 patients in Plaistow, London Borough of Newham, through a Personal Medical Services contract (a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The premises have step free access and a disabled toilet and parking. It is located on a residential road a short walking distance from several underground stations including Plaistow and West Ham.

The practice staff includes a principal male GP working four sessions, three regular locum GPs (one female working five sessions and two male both working two sessions per week), a regular locum female practice nurse working two sessions and a female health practitioner working seven sessions per week. The practice manager works full time and there are six administration and reception staff working a mixture of full and part time hours.

The practice is open from 7.30am to 7.10pm on Monday and Tuesday, 7.30am to 7.00pm Wednesday, 7.30am to

3.00pm Thursday and 8.20am to 6.30pm on Fridays. The practice provides telephone consultations and home visits, the home visits are carried out before morning surgery, between morning and evening surgery and after evening surgery. Out of hours services and weekends are covered by the Newham GP Cooperative.

The practice's patient population has an above average number of working age adults aged from 20 to 64 years (60%). The 2011 census shows that the largest ethnic group is white (50%) and 58% of the practice's patient group have English as their first language. Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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.

The practice had not been inspected previously.

Detailed findings

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 8 June 2016. During our visit we:

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

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

- Is it safe?
- Is it effective?

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

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

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

Please note 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 time.

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence and lessons were learned and shared and action was taken to improve safety in the practice. For example, when a cancer diagnosis was delayed the practice changed their processes to include an additional examination and an immediate referral to the relevant on call hospital consultant. The changes were put into effect following a clinical meeting at the practice with the lead GP undertaking to review consultation notes and letters for all patients seen by the other GPs.

Overview of safety systems and processes

The practice had most systems, processes and practices in place to keep patients safe and safeguarded from abuse, with the exception of 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. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to child protection or child safeguarding level three. Non-clinical staff were trained to level one.

- A notice in the waiting room and consulting rooms advised patients' 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, there were cleaning schedules in place. There was a named practice nurse as 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. However the practice did not undertake annual infection control audits, the most recent was in 2011.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice checked uncollected prescriptions regularly and reviewed them with the prescribing GP and notes were made on patient records.
- The practice carried out regular medicines audits, with the support of the Newham CCG pharmacy teams, to ensure prescribing was in line with best practice. Patient Group Directions (PGD) and Patient Specific Directions (PSD) had been adopted by the practice to allow nurses to administer medicines in line with legislation, (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. A PSD is a written instruction, signed by a

Are services safe?

doctor, dentist, or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- We reviewed 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. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use 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 infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure

enough staff were on duty. Cover for sickness, holidays and busy periods were provided in house. The practice had three regular locum GPs to cover for unexpected shortages of regular GPs.

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.
- There was also a panic button in the rooms.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. 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 and a buddy system with another local practice nearby. The plan included emergency contact numbers for 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 and meet patients' needs.
- The practice monitored these guidelines were followed through audits and random sample checks of patient records.
- Clinical staff had protected time for training and administrative duties, they also had a mentor and attended nursing and clinical meetings as well as monthly practice meetings where clinical guidelines and protocols were discussed. All clinicians fed back summaries of learning from events they attended at practice meetings.

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 which was higher than the CCG average of 92% and the same as the national average of 95%. The practice exception reporting rate was 7% which was the same as the CCG average of 7% and lower than the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2014 to 31 March 2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients on the diabetes register, who have had

influenza immunisation in the preceding 12 months, was 98% which is higher than both the CCG and national averages of 94%. Exception reporting on this indicator is 15% which is higher than the CCG average of 13% and lower than the national average of 18%.

- At 80%, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), was higher than the CCG and national averages of 73% and 77%. Of those patients the exception reporting rate was 8% which is comparable to the CCG average of 9% and lower than the national average of 12%.
- Performance for mental health related indicators was comparable to the CCG average but lower the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 93% which was comparable to the CCG and national percentages of 92% and 90% respectively. The exception reporting rate was 6% which was higher than the CCG rate of 5% and lower than the national at 10%

There was evidence of quality improvement including clinical audit.

- There had been three two cycle clinical audits completed in the last two years, where improvements were recommended, implemented and monitored.
- The practice participated in local audits, national benchmarking and research.

Findings were used by the practice to improve services. For example, the practice recently carried out an audit on antipsychotic medicines to look at the number of patients with schizophrenia who had an established disease (such as diabetes and cardiovascular) and were on the appropriate register. The baseline for the first cycle of the audit was 69% of 9 patients on the appropriate register and the second cycle achieved 100% of 13 patients. The audit also looked at the number of patients who had care plans provided to GPs which detailed on-going monitoring requirements which took place in primary care, this was 54% of seven patients at the first cycle of the audit and 92% of 12 patients in the second cycle. The audit has led to

Are services effective?

(for example, treatment is effective)

improved monitoring of prescribed antipsychotics from primary care by the practice and also increased awareness of the risks to this patient group of diseases such as diabetes and cardiovascular diseases.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example; nurses had cervical cytology training and other role specific training such as contraception and long term conditions management. The Health Care Assistant (HCA) had been trained to professional clinical skill level four (equivalent to NVQ level four) and attended regular training updates at the Royal London Hospital.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision for nurses and facilitation and support for revalidating GPs. All staff had received a review within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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, when they were referred, or after they were discharged from hospital. These were discussed at monthly practice clinical meetings attended by allied health and social care colleagues such as palliative care nurses, social workers and district nurses.

Consent to care and treatment

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

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

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 substance misuse. The practice ran clinics in conjunction with Active Newham to promote physical activity and/or weight management for patients with long term conditions or musculoskeletal problems who would benefit from physical exercise or weight management advice.

Are services effective?

(for example, treatment is effective)

- The practice provided dietary advice and referred patients for advice on weight issues and healthy eating.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were higher than the CCG averages. For example, childhood

immunisation rates for the vaccines given to under two year olds ranged from 76% to 88% which is comparable to the CCG range of 82% to 94% and five year olds from 77% to 95%, which is comparable to the CCG range of 81% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice manager kept a record of patients with conditions such as asthma, COPD and long term conditions. This included the dates reviews were due and whether a referral had been made if the patient had failed to attend their review. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed staff to be caring, and compassionate towards patients attending the practice and when speaking to them on the telephone.

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

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients generally felt they were treated with compassion, dignity and respect. The practice's achievement was in line with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 88% of patients said the GP gave them enough time which is lower than both the CCG average of 79% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern comparable to the CCG average of 80% but lower than the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 80% and the national average of 87%.

The practice had worked with their receptionists to ensure the correct length of appointments were given to patients, and had automated some systems. For example, if a patient had more than one long term condition, complex problems or needed an interpreter a double appointment was booked.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment.

For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments which is higher than the CCG average of 79% and comparable to the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care which is higher than the CCG average of 74% and comparable to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care which is higher than the CCG average of 77% and comparable to the national average of 85%.

Are services caring?

All of the eight patients we spoke with on the day felt involved in options for their treatment and where they were referred to.

- 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 this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 36 patients as carers, this equates to 1% of the practice list. A poster on display in the waiting area advised patients to identify themselves to the practice if they were carers. Patients who were carers were prioritised for appointments where necessary. Written information was available to direct carers to the various avenues of support available to them and the practice has a carers' policy.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example;

- The practice offered evening appointments until 7.10pm Monday and Tuesday and early morning appointments from 8.00am Monday to Thursdays, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The health practitioner was trained on Venepuncture and Phlebotomy to enable a Phlebotomy clinic to be set up on the Practice premises which meant that patients did not have to travel a long distance to get their blood tests done.
- Same day appointments were available for children and those patients with medical problems requiring same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice had an arrangement with the local pharmacy to send prescriptions electronically.

Access to the service

Pre-bookable appointments were available up to four weeks in advance, urgent appointments were also available for people who needed them. Outside of these hours, cover was provided by the Newham Co-op out of hours GP service, seven days a week and the NHS 111 service. Information about out of hours services was available in the practice leaflet and was on display in the reception area.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% national average of 73%.

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

Patients who required a home visit were advised to contact the practice between 9.00am and 11.00am. The GP would then contact the patient or carer to assess the urgency of the problem and discuss how best to proceed. The practice advised children should attend as they would be prioritised for appointments rather than waiting for a home visit. 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 practice manager was the designated responsible person who handled all complaints in the practice.
- We saw information was available to help patients understand the complaints system. For example, information was available in the practice leaflet which was on display and given to new patients. A comments and complaints box was in reception.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action were taken as a result to improve the quality of care. For example, in response to a complaint regarding a patient nervous about certain treatments the practice retrained all clinicians on dealing with anxious and nervous patients and ensuring that carers and parents were aware that certain injections can be painful.

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's mission statement was to improve the health, well-being and lives of those they cared for. Staff knew and understood the practice's values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of infection prevention and control auditing

Leadership and culture

On the day of inspection the principle GP and regular locums in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements 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 principle GP encouraged a culture of openness and honesty. The practice had systems in place to ensure 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, however the practice did not keep and distribute copies of them, this could mean that attendees would not have their own copy of minutes.
- 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 said they felt respected, valued and supported, particularly by the principle 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. The PPG met regularly and carried out patient surveys in conjunction with the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.