John Smith Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at John Smith Medical Centre on 7 May 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.
- Patients said they found it easy to make an appointment with a named GP 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.

We saw one area of outstanding practice:

- The practice ran a transitional health service to provide primary care to patients in Barking and Dagenham (and parts of Redbridge) who were in particularly vulnerable circumstances, for example asylum seekers who had been refused leave to remain and had exhausted their rights to appeal. The practice was able to demonstrate a multi-disciplinary approach, recognising that patients frequently presented with multiple and specialised needs. The

Summary of findings

practice was committed to identifying ways they could help patients and had developed a wide signposting and referral network including charities and voluntary groups. In one case, the practice staff had proactively identified a need and had sourced specialist equipment for a young child. We saw a letter from the family thanking the staff and describing the impact of their intervention as life-changing.

However there were also areas of practice where the provider needs to make improvements. The practice should:

- Implement a system to track clinical letters and results received by post to ensure that all actions are completed.
- Share learning from significant events across the team and take opportunities to learn from significant events in other surgeries in the Chilvers and McCrea Limited group to minimise the risk of reoccurrence.
- Aim to improve practice child immunisation rates.
- Ensure that completed clinical audit cycles are carried out to ensure that identified improvements are sustained.
- Continue to try and broaden patient participation in service development, for example through the patient participation group.

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.

Information about safety was recorded, monitored, appropriately reviewed and addressed and we saw examples of improvements made as a result. Risks to patients were assessed and well managed.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams for example to provide coordinated integrated care to patients with complex needs.

The practice provided personalised health promotion advice and support and encouraged patients with longer term conditions to develop the confidence to manage their condition and spot early warning signs and symptoms.

Data showed patient outcomes were generally in line with the average for the locality and the practice was aware of areas for continued improvement. However while the practice participated in local benchmarking and performance monitoring, we did not see examples of completed clinical audit cycles. Clinical audit was not yet fully embedded into the practice's quality improvement systems.

Are services caring?

Good

The practice is rated as good for providing caring services. National survey data showed that patients generally rated the practice in line with other local primary care services for the caring nature of its service. Patients who completed comment cards and who we spoke with said they were treated with compassion 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. We saw that staff were friendly and welcoming to patients regardless of their circumstances and maintained people's confidentiality and privacy.

The practice served a wide range of patients including those in very vulnerable circumstances. We saw that the practice actively worked to meet patients wider health and social needs and saw evidence of the positive impact of this on patients.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with other practices and the Barking and Dagenham Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Patients said they found it easy to make an appointment and access to the service was good 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 that the practice responded quickly to issues raised. Patients singled out the practice manager as being approachable and had confidence they would respond to any complaint. Learning from complaints was shared with staff and the provider's corporate team.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. 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 some improvements were needed to the practice's governance arrangements. In particular we found that the practice needed to strengthen its processes for sharing learning from significant events across the team.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. The practice was aware that the group was not representative of its patient list and was encouraging more patients to join. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Good

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

The practice had a small population of around 120 patients aged over 75. Nationally reported data showed that outcomes for older patients were in line with local levels of achievement. We spoke with one older patient who told us the staff were very good at supporting them after a bereavement and before that as a long-term carer.

The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with complex medical problems.

All patients over 75 had a named GP. This GP was also the lead for integrated care, palliative care and adult safeguarding for the practice. Older people were invited for an annual flu and pneumonia immunisation with good levels of uptake and all patients aged 78-79 were due to be invited for the shingles vaccination in 2015/16.

The practice signposted older patients to a wide range of voluntary organisations, activities and local fitness and lunch clubs depending on their needs and preferences.

The practice held a list of patients receiving palliative care. The lead GP for palliative care visited these patients at home on a fortnightly basis and liaised with the local end-of-life facilitator.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice kept registers of patients with long-term conditions and managed their care in line with relevant guidance.

For example, all diabetic patients were invited at least once a year for a review including blood tests, foot checks and follow-up by the retinopathy clinic. Patients with diabetes were referred to DESMOND or DAFNE courses on self-management and to the community diabetic team if required. The practice reviewed patients with chronic obstructive pulmonary disease (COPD) and asthma at least annually, with a check-up including spirometry, reversibility and medicines. On a yearly basis a specialist pharmacist visited the practice to review all patients on the asthma register. All COPD patients were given a “rescue pack” to help people recognise and respond to any escalation in their symptoms and reduce the risk of serious deterioration and hospital admission.

Summary of findings

Patients with long term conditions were invited for annual flu vaccination and provided with tailored health and lifestyle advice. The practice signposted patients to a wide range of support groups, courses and activities. We spoke with a patient who had been referred to an exercise scheme and told us it had greatly improved both their physical health and their outlook on life.

Families, children and young people

Good

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.

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. Appointments were available outside of school hours and the premises were accessible and suitable for children and babies with separate and quiet areas available for baby changing and breastfeeding. We saw good examples of joint working and liaison with health visitors.

However, child immunisation rates tended to be lower than the local and national averages.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice ensured its services were accessible and flexible with early morning and evening appointments and telephone consultations available.

The practice provided contraceptive services for women of child bearing age including long acting reversible contraception. The practice was achieving higher than average uptake rates for cervical and breast screening . The practice offered online services as well as a full range of health promotion and screening reflecting the needs of this age group including smoking cessation and healthy eating advice and cholesterol testing for high risk patients.

People whose circumstances may make them vulnerable

Outstanding

The practice is rated as outstanding 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.

The practice carried out annual health checks for patients with a learning disability and routinely offered these patients longer appointments.

Summary of findings

The practice was contracted to provide a transitional health service team which was led by a health advocate. The transitional health service accepted referrals from other agencies and was a UK Borders Agency designated health service for asylum seekers and refugees. The clientele group consists of patients from travelling communities, refugees and asylum seekers, homeless people and sex workers. The service was well located as it shared premises with the local housing service and there was accommodation for homeless people nearby. The practice manager gave us examples of how this helped the service identify and encourage patients to register who might otherwise be missed by primary care services.

The practice was sensitive to the needs of sex workers and offered chlamydia and gonorrhoea screening and made referrals to the community sexual health clinic. The health care assistant offered health checks with this group of patients and recognised the need for a reassuring and confidential approach to encourage patients to attend.

The practice staff consistently displayed consideration and kindness towards patients experiencing complex and multiple health needs. The receptionists were patient and careful to treat patients with respect. They were able to describe the training and support they had received and the difference this had made in their attitude to more challenging patients.

The practice recognised the impact of people's social circumstances on their health and actively sought solutions to patients' wider problems including signposting patients to a wide range of statutory and voluntary specialist services. We saw examples of positive patient feedback about the difference the practice had made at a very difficult time in patients' lives.

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.

The practice booked interpreters for all patients requiring help with languages and were able to use a telephone interpreting service for urgent consultations.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice had around 30 people on the mental health register, all of whom had an active care plan. The practice invited these patients for a review every six months or more frequently if required.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice provided an enhanced service for patients with dementia and referred patients with potential symptoms to the local memory clinic for diagnosis and specialist advice.

The practice provided information for patients experiencing poor mental health how to access various support groups and voluntary organisations including activities and clubs to promote healthier lifestyles and reduce social isolation.

The practice followed up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health and understood how to access local mental health crisis services.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was generally performing in line with local averages for most aspects of care. The survey was completed by 80 respondents, with a response rate of 18%. The results showed that:

- 84% found it easy to get through to this surgery by phone compared with a Barking and Dagenham average of 69% and a national average of 74%.
- 90% said the last appointment they got was convenient compared with a Barking and Dagenham average of 87% and a national average of 92%.
- 92% found the receptionists at this surgery helpful compared with a Barking and Dagenham average of 83% and a national average of 87%.
- 96% had confidence and trust in the last GP they saw or spoke to compared with a Barking and Dagenham average of 90% and a national average of 95%
- 70% said the last GP they saw or spoke to was good at treating them with care and concern compared with a Barking and Dagenham average of 76% and a national average of 85%.
- 81% said the last nurse they saw or spoke to was good at treating them with care and concern compared with a Barking and Dagenham average of 84% and a national average of 90%.
- 83% described their overall experience of the surgery as good compared with a Barking and Dagenham average of 76% and a national average of 85%.

As part of our inspection we asked patients to complete comment cards prior to the inspection. Forty-three comment cards were completed. We also interviewed eight patients on the day of the inspection.

The comment cards all included positive comments about the service, with patients frequently describing the staff as caring. Several gave examples when staff had gone out of their way to help, for example, following a bereavement, and another patient gave described how staff supported them when their physical mobility was impaired. Patients were positive about the quality of the clinical care they had received and told us they were listened to and treated promptly. Most patients said it was easy to get an appointment although three said they had experienced some problems getting an appointment when convenient.

Areas for improvement

Action the service SHOULD take to improve

The practice should:

- Implement a system to track clinical letters and results received by post to ensure that all actions are completed.
- Share learning from significant events across the team and take opportunities to learn from significant events in other surgeries in the Chilvers and McCrea Limited group to minimise the risk of reoccurrence.
- Aim to improve practice child immunisation rates.
- Ensure that completed clinical audit cycles are carried out to ensure that identified improvements are sustained.
- Continue to try and broaden patient participation in service development, for example through the patient participation group.

Outstanding practice

The practice ran a transitional health service to provide primary care to patients in Barking and Dagenham (and parts of Redbridge) who were in particularly vulnerable circumstances, for example asylum seekers who had been refused leave to remain and had exhausted their rights to appeal. The practice was able to demonstrate a multi-disciplinary approach, recognising that patients frequently presented with multiple and specialised

needs. The practice was committed to identifying ways they could help patients and had developed a wide signposting and referral network including charities and voluntary groups. In one case, the practice staff had proactively identified a need and had sourced specialist equipment for a young child. We saw a letter from the family thanking the staff and describing the impact of their intervention as life-changing.

John Smith Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

Background to John Smith Medical Centre

John Smith Medical Centre provides services to approximately 2700 patients in the surrounding area of Barking from a single site. The service is provided through a Personal Medical Services contract.

The practice is part of a chain of surgeries operated in England by Chilvers and McCrea Limited. The practice is managed day to day by a practice-based manager and employs two permanent GPs, including a male and female GP. The GPs are supported by locums as required to provide ten clinical sessions per week in total. The practice was also using locum practice nurses to provide two sessions a week. The practice employs a health care assistant and a small team of receptionists and hosts a transitional health support service for patients in particularly vulnerable circumstances, for example, patients who have been refused leave to remain in the UK. This service is led by a health advocate.

The practice is open between 8.30am and 7.00pm during the week with appointments available between 9.30am and 12.30am Monday to Friday and between 4.30pm to 7:00pm on Monday, Tuesday and Friday. The practice offers extended hours on Wednesday evening when it is open until 8.00pm. The practice does not offer appointments on Thursday afternoon and is closed at the weekend. The practice has introduced an electronic appointment booking system and an electronic prescription service.

Out of hours primary care is contracted to a local out of hours care provider. The practice provides patients with information about how to access urgent care when the practice is closed on its website, answerphone and on the practice door, primarily informing patients to telephone the 111 service or, in an emergency, attend A&E. Out of hours primary care is also directly accessible locally at a walk-in centre at Barking Hospital.

The local population is characterised by relatively high levels of socio-economic deprivation with higher than average rates of unemployment and lower levels of educational achievement. The practice population is younger than average but just over half of practice patients have a longstanding health condition which is close to the national average. The practice has relatively few patients aged over 65 years.

The practice provides the regulatory activities of: diagnostic and screening procedures; treatment for disease, disorder or injury; family planning services; surgical procedures; and maternity and midwifery services.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the

Detailed findings

legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014. This practice has not previously been inspected.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. During our visit we spoke with a GP, the practice manager, health care assistant, reception staff and the advocate and spoke with patients who used the service. We observed how people were being greeted at reception and inspected the premises, equipment and a range of policy and monitoring documents. We also reviewed 43 comment cards where patients shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would report any incidents in writing to the practice manager and there was also a recording form available on the practice's computer system. Any complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of significant events and reported all significant events to the provider's corporate team.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that the practice did learn from significant events and put in place measures to prevent reoccurrence. For example, a near miss had resulted in all new patients being required to have a health check, including a review of current medicines, prior to being registered at the practice. However some staff said they were not always made aware of the outcome of significant events and the practice did not share this learning across the team systematically.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance, NHS England and the Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were circulated to relevant staff where relevant, and actions taken as a result were checked. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Suitable arrangements were in place to safeguard adults and children from abuse. Practice safeguarding 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 lead GP for safeguarding attended case conferences when possible and the practice provided reports where necessary for other agencies. Staff demonstrated they understood their safeguarding responsibilities and all had received training relevant to their role. The practice proactively communicated with the local health visitors in relation to children moving into and out of the area, including traveller communities, to ensure they were not lost to follow-up.
- A notice was displayed in the waiting room, advising 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 check (DBS). (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).
- There were procedures in place for monitoring and managing identified risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 identified a problem with the blood glucose meters and had recalled affected patients to ensure their blood glucose readings were accurately recorded. The practice also 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.
- Appropriate standards of cleanliness and hygiene were met. We observed the premises to be clean and tidy. The practice manager was the infection control lead who liaised with the local infection control and prevention teams and the company's centralised lead nurse to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, including on the spot inspections and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of

the local CCG pharmacy teams to ensure the practice was prescribing in line with current guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the three files we reviewed showed that 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.
- 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 to ensure that enough staff were on duty to meet patients' needs.

We were told that all clinical letters were passed to the relevant staff members the same day they were received. We also checked and found there were no outstanding tests or letters. However, the practice did not have a failsafe mechanism and audit trail to confirm that actions, such as diagnostic tests or referrals had been completed.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.

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. The practice was able to liaise with the provider's corporate team and other surgeries in the group to mitigate the risks of major incidents.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2014/15 the practice achieved 88% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Practice performance for diabetes-related indicators was mixed. Ninety-six percent of diabetic practice patients had a recorded foot examination and risk assessment in their records compared to a national average of 88%. However, only 61% of the practice's diabetic patients had well-controlled blood glucose levels (ie their last IFCC-HbA1c test was 64 mmol/mol or less). The national average for this measure was 78%.
- The practice explained this was due to a high number of diabetic patients with multiple complicating factors such as homelessness and alcohol abuse. The practice had identified diabetes as an area for continued improvement and actively encouraged patients to learn how to control the condition, for example referring patients to the Barking and Dagenham nutrition and dietetics service. Practice patients had attended DAFNE **(**Dose Adjustment For Normal Eating**)** or education and self-management (DESMOND) programmes with positive results .
- The percentage of patients with hypertension having a normal blood pressure reading within the last nine months was in line with expectations. The practice achieved 82% compared to the national average of 83%.
- The practice was performing better than average for mental health related indicators. For example 97% of practice patients diagnosed with a psychosis had an agreed care plan and 100% had a record of their alcohol consumption in their notes. The comparative national averages were 86% and 87% respectively.
- The practice had completed a face-to-face review with all patients diagnosed with dementia in the preceding 12 months. The annual review included blood testing and confirmation of input from the memory clinic and sources of carers support if applicable.

The practice had not developed a systematic clinical audit programme. Clinical audits were, on occasion, carried out to investigate practice performance and make improvements. All relevant staff were aware of recent audit results and any recommended changes in policy and practice. For example, the practice had conducted a clinical audit into its management of polypharmacy and as a result had reduced unnecessary prescriptions with the involvement of the patients concerned. The audit had been scheduled to be repeated to ensure that good prescribing practice was being maintained. However, we did not see evidence of any fully completed audit cycles, that is where the audit has been repeated.

The practice participated in applicable local reviews, surveys, benchmarking, accreditation, peer review and research and staff were aware of the practice's relative performance and areas for improvement and focus.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. The practice aimed to use regular locums who were familiar with the service to cover predicted or longer periods of staff leave.
- The learning needs of staff were identified through a system of appraisals and staff meetings. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included

ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and infection control. Staff had access to and made use of e-learning training modules, in-house training and attended monthly local practice network meetings which included a regular learning session.

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 patient records system and the company intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence for example, that multi-disciplinary team meetings took place on a monthly basis to review patients on the integrated care list and that these patients' care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Clinical 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included carers, patients with long term conditions such as diabetes and those wanting advice on their diet and smoking and alcohol cessation. Smoking cessation services were available at the practice with the health care assistant. Patients were then signposted to the relevant service. Patients who may be in need of extra support were identified by the practice.

We spoke with several patients during the inspection who commented on the quality of health promotion advice and support they had received either directly from the practice or through a referral from their GP. For example, one patient with enduring mental health problems told us they had been referred by their doctor to the local "Fit for Life" exercise scheme and said this had greatly helped them both physically and mentally.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme in 2014/15 was 87%, which was higher than 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 also encouraged patients at risk to have chlamydia and HIV testing.

The practice's child immunisation rates tended to be lower than the Barking and Dagenham average. In 2014/15, 84% of the two-year old children on the practice list had received the combined Dtab/IPV/Hib ('5-in-1') vaccination and 83% the MMR vaccination.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were polite, welcoming and friendly to patients both attending at the reception desk and on the telephone. The staff knew and greeted many patients by their first name. Patient feedback in our interviews and comment cards frequently commented positively about this aspect of the practice with patients saying they were always treated kindly and with dignity and respect. All of the patient CQC comment cards we received were positive about this aspect of the service.

Results from the national GP patient survey showed that most patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 85% said the GP was good at listening to them compared to the Barking and Dagenham average of 81% and national average of 89%.
- 77% said the GP gave them enough time compared to the Barking and Dagenham average of 79% and national average of 89%.
- 96% had confidence and trust in the last GP they saw or spoke to compared with a Barking and Dagenham average of 90% and a national average of 95%.
- 70% said the last GP they spoke to was good at treating them with care and concern compared to the Barking and Dagenham average of 76% and national average of 85%.
- 81% said the last nurse they spoke to was good at treating them with care and concern compared to the Barking and Dagenham average of 84% and national average of 90%.
- 92% patients said they found the receptionists at the practice helpful compared to the Barking and Dagenham average of 83% and national average of 87%.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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 area to discuss their needs.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they were involved in decision making about the care and treatment they received and the clinical staff were good at explaining diagnosis and treatment options. Results from the national GP patient survey we reviewed reflected this although the practice feedback scores tended to be lower than the national scores to these questions. For example:

- 75% said the last GP they saw was good at explaining tests and treatments compared to the Barking and Dagenham average of 79% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the Barking and Dagenham average of 80% and national average of 85%

Translation services were available for patients who did not speak English fluently. We saw notices in the reception areas informing patients this service was available and the receptionists regularly booked interpreters for patients.

Patient and carer support to cope emotionally with care and treatment

The practice kept a register of carers and the electronic records system alerted staff if a patient was also a carer. Carers were offered health checks and signposted to social services and other forms of support. Written information was available for carers describing various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was followed by a patient consultation to meet the family's needs and/or by giving them advice on how to find a support service. We spoke with one patient who had experienced a bereavement and told us the practice had provided them with excellent support and staff took the time to listen.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve its practice. For example, the practice was part of a network with eight other practices in Barking and Dagenham and had shared information with other network members to understand local care pathways and improve its performance. Services were planned and delivered to take into account the needs of different patient groups and to help provide and ensure flexibility, choice and continuity of care. For example

- The practice provided care to patients living in a nearby homeless hostel and to patients in a nursing home. The practice allocated a lead GP who visited these homes regularly.
- The practice provided a transitional health support service for people in the locality in particularly vulnerable circumstances, such as homeless people, refugees and asylum seekers, sex workers and the travelling community. The practice took referrals from social services, the Port Health Authority and voluntary organisations. Patients using this service presented with a wide range of health needs and a high prevalence of mental health problems and post-traumatic stress disorder. The practice had good links with more specialist clinical services, such as services and voluntary groups supporting people who had experienced torture or rape.
- The practice team included an advocate whose role was to support patients using the transitional health service in accessing support to meet their wider needs, for example, for legal and housing advice.
- Although the registered practice population was relatively small, the service was open for extended hours.
- There were longer appointments available for patients who needed them, for example people with a learning disability.
- Home visits were available for patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice was accessible to patients with disabilities and had a hearing loop and translation services were available.

Access to the service

The practice was open between 8.30am and 7.00pm during the week with appointments available between 9.30am and 12.30am Monday to Friday and between 4.30pm to 7.00pm on Monday, Tuesday and Friday. The practice offered extended hours on Wednesday evening when it was open until 8.00pm. The practice did not offer appointments on Thursday afternoon and was closed at the weekend. The practice had introduced an electronic appointment booking system and an electronic prescription service. Additional NHS primary care services were available at a "hub" centre in Barking and Dagenham. The practice had rarely been so busy that it had referred patients there. This had only occurred four times.

Results from the national GP patient survey showed that patient satisfaction with access to the service was generally better than local and national averages and people we spoke with on the day also confirmed they were able to get appointments when they needed them. For example:

- 74% of patients were satisfied with the practice's opening hours compared to the Barking and Dagenham average of 73% and national average of 76%.
- 84% of patients said they could get through easily to the surgery by phone compared to the Barking and Dagenham average of 69% and national average of 74%.
- 75% of patients described their experience of making an appointment as good compared to the Barking and Dagenham average of 66% and national average of 74%.
- 69% of patients said they usually waited less than 15 minutes to be seen compared to the Barking and Dagenham average of 54% and national average of 65%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints process. Patients we spoke with were not fully aware of the process to follow if they wished to make a complaint but several singled out the practice manager as being approachable. They said they had confidence the practice manager would respond to any complaint..

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at two written and one verbal complaint received in the last 12 months and found these were handled in line with the practice policy and in a timely way. The practice acknowledged each complaint and provided a written explanation, an apology and information about how to take the complaint further if the patient was not satisfied with the response. We also saw that the practice received many compliments and cards from patients with positive comments about the service.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the receptionists told us they had received training to understand challenging behaviour from patients and they now responded to patients with greater empathy.

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 "genuinely caring and thoughtful patient centred services" and to provide the service without discrimination on "grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition".

Many of the comments we received from patients during the inspection reflected the caring nature of the service. Two patients came to the surgery on the day of the inspection specifically to tell us about this and the difference the practice had made to them and their families.

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 good quality care. The practice was one of a number of surgeries owned by the provider which had overarching governance arrangements in place. For example, the practice manager routinely reported complaints and significant events to the corporate team for review and received human resources support and advice as required from the head office. We found in relation to this practice:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice-specific policies were implemented and were available to all staff
- The practice manager and GP demonstrated a comprehensive understanding of the performance of the practice
- The practice participated in benchmarking and carried out audits to monitor quality and to make improvements
- The practice engaged with other health and social care providers and commissioners to provider coordinated care to patients
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions although more could be done to share learning across the team and across different practices in the group. Additionally the practice did not have an effective failsafe system in place to ensure that all letters and test results were tracked and actioned.

Leadership, openness and transparency

The practice was staffed by a small team with the experience, capacity and capability to run the practice day to day and ensure high quality care. The practice manager told us they received good support and guidance from the provider's corporate team and regional management and we saw evidence of regular communication and guidance to corroborate this. The practice manager was a visible leader in the practice and widely known by regular patients as well as the staff. One of the GPs provided clinical supervision and support for the health care assistant. Staff told us the practice manager and GPs encouraged a culture of openness.

The practice held regular team meetings to which permanent staff members were invited. Staff told us that they had the opportunity to raise any issues at team meetings and felt supported if they did. Staff said they felt respected, valued and supported. Staff were involved in discussions about how to run and develop the practice, and all members of staff were encouraged to identify opportunities to improve the service.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through a patient participation group (PPG) and through surveys, informal comments and complaints. There was a small but active PPG which met quarterly and helped to develop an annual practice survey and suggested improvements to the practice management team. Identified priorities for improvement had included improving access to GP appointments and raising awareness among patients of using local pharmacies for advice on minor ailments. As a result, the practice had seen increased uptake of online services and a reduction in A&E attendance for minor health problems. The PPG was not representative of the

Are services well-led?

Good

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

wider practice population although the practice was encouraging new patients to join with information given to new patients, displayed in the waiting room, on the website and on prescription forms.

The practice gathered feedback from staff through regular staff meetings, appraisals and discussion. Staff told us their ideas were listened to and they could discuss any concerns or issues with colleagues and management. Staff told us they enjoyed working at the practice and were committed to providing a good service to all their patients.