

Boleyn 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?

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 Boleyn Medical Centre on 17 October 2016. Overall the practice is rated as good.

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

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

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

The areas where the provider should make improvement are:

- Improve processes to identify patients who are also carers to ensure that their needs are identified and met.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice referred patients to the local Healthwise scheme. They also offered intra-articular (a procedure used in the treatment of inflammatory joint conditions) and musculoskeletal injections.
- 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.

Are services well-led?

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

Good



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

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.
- Older patients were also prioritised through the avoiding unplanned admissions (AUA) register and templates. Most of the patients on this register were older patients.
- Routine home visit reviews as part of AUA and other health checks.
- Older patients with advanced needs were discussed at monthly multi-disciplinary team meetings.

Patients were sent written reminders about attending flu vaccines.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Quality and Outcomes Framework (QOF) performance in 2015/16 for diabetes related indicators was 87% which was in line with the CCG average of 85% and the national average of 90%.
- The practice carried out insulin initiation in-house. This involved identifying cases where insulin therapy was appropriate and supporting/educating patients to begin therapy.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients were referred to the Healthwise scheme; an initiative which aimed to improve the health of those with long term conditions such as Diabetes via exercise such as using the gym, swimming and participating in outdoor activities.

Good



Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79% which was comparable to the CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Sexual health screening was offered and patients could be signposted to the local GUM Clinic if preferred.

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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered pre-bookable appointments between 8.30am and 9am and 6.00pm to 6.20pm which could be more suitable for working patients.
- Working patients could also be seen at the additional capacity and extended hours schemes. The additional capacity service operated from 6.30pm to 9.30pm Monday to Friday and 9am to 1pm on weekends. The extended hours service offered weekday evening appointments between 6.30pm to 10pm and Saturday morning between 9am to 1pm. Both services were accessible at local surgeries in the area.

Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- 83% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 76% and the national average of 78%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (01/04/2015 to 31/03/2016), which is comparable to the CCG average of 84% and the national average of 80%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- They carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- They had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

- A mental health nurse attended the practice once a month to see patients and a counsellor attended weekly. Patients were also referred to Talking Therapies; a therapy treatment programme.

Summary of findings

What people who use the service say

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

- 65% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76% and the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.
- 70% 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 66% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were mostly positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Whilst they were generally pleased with the service some comments were made about shortage of appointments, late running clinics and problems using the walk in clinic.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Some did comment about difficulty getting appointments and long waiting times. The result of the most recent friends and family test was that 42% of patients said they would recommend the practice (October 2015 to October 2016).

Boleyn Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser and a second CQC inspector.

Background to Boleyn Medical Centre

Boleyn Medical Centre is one of two GP practices based within Boleyn Medical Centre. Services are provided by Dr Mohammad Samin Jan Khan. Boleyn Medical Centre is a modern purpose built building located on a high street in a residential area of East Ham. The practice occupies the ground and second floors of the building. The practice is well served by local public transport services. A disabled parking bay is available to the rear of the premises. Parking on the surrounding streets is generally for permit holders only, although there are a number of public car parks within a short walking distance of the practice.

East Ham is a town in the London Borough of Newham which is to the east of London. The practice is part of Newham Clinical Commissioning Group (CCG) and provides services under a Primary Medical Services contract (PMS) to around 9600 patients. Results from the 2011 census for the London Borough of Newham show a majority white British population as (49%) followed by those of black African ethnicity in (15%). Newham residents have lower life expectancy and higher rates of premature mortality than other Boroughs in London and the average for England as a whole. The main causes of death in Newham are cardiovascular disease, cancer and respiratory disease and the levels of diabetes are among the highest in the country.

Newham is the third most deprived local authority area in England. The area has a higher percentage than national average of people whose working status is unemployed (13% compared to 5% nationally) and a lower percentage of people over 65 years of age (7% compared to 17% nationally).

The practice opening hours are from 8am to 6.30pm every day except weekends when it is closed. Appointment times vary on a daily basis but are generally between 8am and 6.30pm. Appointments can be booked for the next working day from 10am. The practice also operates a walk-in clinic from 9am until it is fully booked. This is strictly for new or urgent problems. Patients with long term/multiple conditions are asked to book a routine appointment which can be booked four weeks in advance. When the walk in clinic is fully booked patients are asked to book a routine appointment, depending on clinical need. Out of hours services are provided by the additional capacity and extended hours schemes. The additional capacity service operates from 6.30pm to 9.30pm Monday to Friday and 9am to 1pm on weekends. The extended hours service offers weekday evening appointments between 6.30pm to 10pm and Saturday morning between 9am to 1pm. Both services are accessible at local surgeries in the area.

Clinical services were provided by a lead GP (male, eight sessions), one salaried GP and four long term locum GPs (three female, two male) working a total of 37 sessions per week. Other clinical staff included three practice nurses (female) and three healthcare assistants (female). Non clinical tasks were carried out by 15 reception/admin staff working a variety of shift patterns and managed by a full-time practice manager.

Detailed findings

The practice is registered with the Care Quality Commission to provide the regulated activities of Treatment of disease, disorder or injury; Diagnostic and screening procedures and Family planning from 152 Barking Road, East Ham, London, E6 3BD.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 October 2016. During our visit we:

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

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a fridge containing vaccines had been switched off accidentally, we saw that the practice had an appropriate protocol in place which was followed. The incident was reported to the relevant authorities and advice was followed. Vaccines that were deemed unsafe for use were disposed of appropriately. Following the investigation of this incident all staff were reminded not to unplug any appliances as there were sufficient unused sockets in each room. Stickers on the fridge plugs were replaced with brighter ones warning people not to unplug them.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The practice maintained a list of patients on the child protection register and maintained regular contact with those families. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses and HCAs were trained to level 2 or 3 and the two newly qualified HCAs were due to undergo level 2 training. Non clinical staff were trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The presence of a chaperone was noted in the patient notes for that consultation.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. General cleaning was carried out by the property landlords. Practice staff were responsible for cleaning equipment which belonged to the practice. We saw a cleaning schedule which detailed the items to be cleaned in each room and the date. We also saw records of cleaning of the fridges which was done monthly. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken every three years by the local CCG and we saw evidence that action was taken to

Are services safe?

address any improvements identified as a result. In addition, one member of staff was tasked with conducting weekly checks to ensure cleaning standards were maintained.

- 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. The repeat prescription box was checked weekly and the relevant patient was contacted where any were uncollected. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (A PSD is the traditional written instruction, signed by a prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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. The most recent fire inspection and electrical testing had been carried out the previous year. 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. Locum GPs and nurses were used to cover leave and training days. The practice tended to use regular locums who were already familiar with their patients and processes. A locum pack was provided which detailed all essential practice information including staff contact details, prescribing policies, coding, health and safety and emergency medicines.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the store room. Anaphylaxis kits were available in the two of the consulting rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Records showed these items were checked regularly to ensure they were in good working condition. 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. The plan included emergency contact

Are services safe?

numbers for staff. The practice had an arrangement with another local practice to share their premises should theirs become unusable. Copies of the business continuity plan were kept off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Any alerts received were shared with all relevant staff and acted upon.
- 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 used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available with an exception reporting rate of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- At 87% performance for diabetes related indicators was similar to the CCG average of 85% and the national average of 90%.
- At 89% performance for mental health related indicators was similar to the CCG average of 87% and the national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. One such audit related to patients on the serious mental health register and prescribed antipsychotics. The first cycle took place in August 2014 and the second in March 2015. 18 patients were on the register during the relevant period. Criteria was set which included whether patient's smoking status was recorded, whether they had been offered cessation advice, the number with an established disease who were on optimal management and whether or not care plans were in place which detailed ongoing monitoring requirements to take place in primary care. Results of the first cycle showed all patients (18) had their smoking status recorded. Out of those who smoked (ten) seven had been offered smoking cessation advice in the previous six months. 12 patients with an established disease were on optimal management, and 16 had care plans in place. An action plan was put in place and steps were agreed to achieve them. Results of the second cycle showed all 18 patients had been offered smoking cessation advice, 16 patients were on optimal management and all 18 had care plans in place. It was noted that some patients were not responding to numerous reminders for monitoring and required follow up.

Information about patients' outcomes was used to make improvements. One example related to the use of Gliptin therapy (a medicine for lowering blood glucose levels in patients with Diabetes). Guidance stated this medicine should only be continued in patients with a specified reduction in blood sugar levels over a set period of time (which indicated improved blood sugar control). This was due to certain identified risk factors. Relevant patients were identified, reviewed and Gliptin therapy ceased where appropriate.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, carrying out immunisations and vaccinations.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals including social workers, care navigators, palliative care service and district nurses on a monthly basis. Care plans were routinely reviewed and updated for patients with complex needs.

The practice took part in Coordinate my Care (CMC). This is a NHS clinical service sharing information between patients' healthcare providers, coordinating care, and recording wishes of how they would like to be cared for. Three of the practice's patients had CMC care plans in place. CMC ensured patients' personalised urgent care plan was readily available to all parties involved in their care. The practice also worked with Community Care Navigators worked to facilitate integrated working across the Extended Primary Care Teams, GP's and other stakeholders.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice about alcohol cessation. Patients were signposted to the relevant service.
- Advice about diet was available on the premises and the practice made exercise referrals where appropriate.
- Patients were referred to the local pharmacy for smoking cessation advice.

Are services effective?

(for example, treatment is effective)

- A mental health nurse attended the practice once a month to see patients and a counsellor attended weekly.
- Patients requiring advice about drug misuse were referred to the local mental health team.
- Patients were referred to the extended primary care service (EPCS) where appropriate. The multidisciplinary teams included community nursing, specialist therapies, Community Psychiatric Nursing, GPs and social services. Following referral from GPs, hospital or from patients themselves and assessment, staff treated and supported patients in their own homes and agreed care requirements based on self-care, supported self-care and long term support needs.
- A phlebotomy service operated five days a week from the practice premises.
- Extra support requirements were also identified at new patient health checks. They could then be signposted to other services as required.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 67% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend

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

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 28% to 95 (CCG 24% to 94%, national 73% to 95%) and five year olds from 80% to 87% (CCG 75% to 93%, national 81% to 95%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 21 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. Whilst they were generally pleased with the service some comments were made about shortage of appointments, late running clinics and problems using the walk in clinic.

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

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

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.

- 96% 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%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and the national average of 85%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

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

Are services caring?

- 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.
- Notices on display informed patients about the clinics available at the practice and local services such as Talking Therapies and services for the elderly.
- A television screen in the waiting area provided healthcare related information such as services for patients with sensory impairment.

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 80 patients as carers (less than 1% of the practice list). The practice regularly reviewed its carers register and contacted those who had not been seen for some time. Patients were asked when registering to confirm if they were carers. Carers were offered annual health checks and written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was aware that Newham had one of the highest levels of type 2 Diabetes prevalence in the UK. For their list size of around 9600 patients they had over 700 diabetic patients. To assist in the management of these patients the practice had a dedicated Diabetic administrator who was responsible for arranging the annual and six month reviews for these patients. The practice also referred patients to the local Healthwise scheme. This was an initiative which aimed to improve the health of those with long term conditions such as Diabetes through exercise such as using the gym, swimming and outdoor activities.

The practice also offered intra-articular (a procedure used in the treatment of inflammatory joint conditions) and musculoskeletal injections. This had significantly reduced hospital referrals and thereby costs involved in orthopaedic and rheumatology referrals to secondary care.

- The practice offered pre-bookable appointments between 8.30am and 9am and 6.10pm to 6.20pm which could be more suitable for working patients.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. Interpreters could be sourced from The Language Shop at short notice. Health information in other languages was sourced online for patients.
- The practice provided written information in larger text size for patients who were visually impaired.

Access to the service

The practice opening hours were from 8am to 6.30pm every day except weekends when it was closed. Appointment times varied on a daily basis but were generally between 8.30am and 6.30pm. Appointments could be booked for the next working day from 10am. The practice also operated a walk-in clinic from 9am until it was fully booked. This was on a first come, first served basis. On arrival, patients took a number and waited to be called. This clinic was strictly for new or urgent problems. Patients with long term/multiple conditions were asked to book a routine appointment which could be booked up to four weeks in advance. When the walk in clinic was fully booked patients were asked to book a routine appointment, depending on clinical need. Out of hours services were provided by the additional capacity and extended hours schemes for weekday evening appointments between 6.30pm to 10pm and Saturday morning between 9am to 1pm at local surgeries in the area.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

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

The practice had a system in place to assess:

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

Patients requiring a home visit were asked to contact the practice as early as possible. Calls were logged by the receptionist and the Doctor called the patients back to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This was on display in the reception area, in the practice leaflet and on the practice website.

We looked at six 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 was taken as a result to improve the quality of care. One example related to a complaint from a patient about waiting times, a physiotherapy referral and the practice's request to see their ID prior to the preparation of a doctor's letter. An investigation was carried out and findings were communicated to the patient, as well as an apology. The issue was resolved to the patient's satisfaction. Learning which arose from this complaint was that patients should be informed when GPs were running late, reception/administrative staff were to speak to management regarding any problems with a patient's identification documents and referral forms which were out of date were updated on the computer system.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings.
- 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. The practice team met regularly to socialise and celebrate occasions such as Christmas.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff were encouraged and supported to develop their careers within primary care. For example, one of the healthcare assistants (HCA) had initially joined the practice as a receptionist and had progressed to a supervisor and then an administrator before training and qualifying as a HCA. The lead GP had practically and financially supported this and another member of staff to obtain this qualification.

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, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had reported

Are services well-led?

Good 

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

that there were too many posters and notices on the glass screen between the receptionists and patients such that it was difficult for patients to see who they were speaking to. This was acted upon by the practice.

- The practice had gathered feedback from staff generally 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. For example, one of the HCAs was responsible for weekly health and safety checks of the practice. They fed back their findings at regular team meetings. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was involved in the Completion and Acceptability of Treatment Across Primary Care and the community for

Latent Tuberculosis (CATAPULT) trial into the control and treatment of latent TB in new arrivals to the UK. Where patients tested positive, the patient was contacted to receive advice and/or treatment from the GP. Where necessary patients were referred further investigation. The aim of this pilot was to ascertain the extent of the prevalence of latent TB in the local area and to prevent it developing into full TB, which was a particular problem in the Newham area.

The practice was also involved in new a NHS health check initiative where suitable patients identified against specific criteria were seen by a senior HCA every three months for health checks and given advice as was appropriate. The Clinical Commissioning Group would then recall a number of these patients and carry out health assessments to see if the process had resulted in any improvements in the patient's health. There was a financial incentive for patients to encourage them to participate in the whole programme. It was expected that this process would be rolled out to all local practices if these health checks proved to be effective.