

Essex Lodge

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

Requires improvement



Are services safe?

Requires improvement



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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Essex Lodge practice on 29 February 2016. Overall the practice is rated as requires improvement.

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.
- Some risks to patients were assessed and well managed such as fire safety but others were not such as infection control, medicines management and arrangements in the event a medical emergency.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance and generally had the skills, knowledge and experience to deliver effective care and treatment.

- Patients' consent had not consistently been sought and recorded.
- 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 and that there was continuity of care, with urgent appointments available the same day.
- The practice had facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management and the practice 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 must make improvements are:

Summary of findings

- Ensure safe and effective arrangements for infection prevention and control, flooring in clinical rooms, medicines management and equipment in case of a medical emergency.
- Ensure a system for production of Patient Specific Directions (PSDs) to enable healthcare assistants to administer specific injectable medicines with a GP or nurse on the premises.
- Implement effective arrangements for seeking and recording patients' consent.

The areas where the provider should make improvements are:

- Ensure implementation of plans for embedding induction and DBS checks for non-clinical staff or an appropriate risk assessment.
- Review systems for complaints, communication arrangements for patients who are deaf or hard of hearing, and improve identification of carers.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services, as there are areas where improvements should be made.

- Most safety systems and processes were in place but the infection prevention and control (IPC) audit was not followed up and there were no cleaning schedules for premises or equipment.
- Most risks to patients were assessed and well managed but there were some gaps in preparedness for a medical emergency such as out of date needles and syringes in the anaphylaxis kit (Anaphylaxis is an extreme and severe allergic reaction).
- There were no patient specific prescriptions or directions from a prescriber to ensure Health Care Assistants were safely administering vaccines in line with legislation, or staff protocol for action in the event of the medicines refrigerator going out of range.
- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff generally had the skills, knowledge and experience to deliver effective care and treatment but did not consistently seek and record patients' consent to care for minor surgery or IUCD ("coils") procedures.
- There was evidence of appraisals and personal development plans for all staff.
- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to locality and national averages. Exception reporting rates were 14.4% compared to

Requires improvement



Summary of findings

6.6% within the CCG and 9.2% nationally. (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).

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

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 as comparable to others for all 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.
- The practice had identified less than 1% of carers on its list size, but was aware of this and had plans to improve.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, it employed a counsellor to provide services for patients in emotional distress and or with mental health problems.
- Most 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 generally had good facilities and was equipped to treat patients and meet their needs but did not have a hearing loop.
- Information about how to complain was available and easy to understand and individual complaints were well managed, but systems were fragmented and there was no analysis of trends or action taken to as a result to improve the quality of care.

Good



Summary of findings

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

Are services well-led?

The practice is rated as good for providing well-led services.

- The practice had a vision to deliver quality care and good outcomes for patients and was in the process of improving and updating several systems and processes, but some were not implemented or embedded such as the induction procedure and infection control.
- Some safety risks such as fire safety were well managed but there were gaps in others such as medicines management and preparedness for a medical emergency.
- The provider was aware of and complied with the requirements of the duty of candour and he 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.
- There was a clear leadership structure and overarching governance framework and staff felt supported by management.

Good



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 provider was rated as requires improvement for safety and effectiveness. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients with rheumatoid arthritis, on the register, who had had a face-to-face annual review in the preceding 12 months was 97% compared to 91% within the CCG and 91% nationally.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety and effectiveness. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 81%, (CCG average 87%, and national average of 90%). Exception reporting rates for diabetes were higher than average.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for safety and effectiveness. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.

Requires improvement



Summary of findings

- Immunisation rates were comparable to CCG averages and ranged from 76% to 90% (CCG ranged from 82% to 94%) for under two year olds and from 77% to 96% (CCG ranged from 82% to 94%) for five year olds.
- 83% of patients diagnosed with asthma, on the register had an asthma review in the last 12 months compared to 75% nationally.
- 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 88%, which was comparable to the CCG average of national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety and effectiveness. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- 80% of patients over the age of 16 had their smoking status identified and 20% received smoking cessation support.
- Patients aged 40–74 had access to appropriate health assessments and checks that were followed up where abnormalities or risk factors were identified.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and effectiveness. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 32 patients with a learning disability on the register and 59% of these patients had received an annual health check.

Requires improvement



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- 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 provider was rated as requires improvement for safety and effectiveness. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice employed a counsellor to provide services for patients in emotional distress or with mental health problems and had identified 129 patients with mental health problems.
- Performance for mental health related indicators was 100% (national average 93%). However, exception reporting rates for mental health indicators were high.
- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The practice carried out advance care planning for patients with dementia.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 results showed the practice was performing in line with local and national averages. Three hundred and fifty three survey forms were distributed and one hundred and sixteen were returned (1% of the patient list).

- 87% found it easy to get through to this surgery by phone compared to a CCG average of 61% and a national average of 73%.
- 70% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76%, national average 85%).
- 84% described the overall experience of their GP surgery as fairly good or very good (CCG average 76%, national average 85%).
- 79% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 66%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards, 30 of which were positive about the standard of care received and concerns from the others included long waits for an appointment. Patients said staff were polite and helpful, and that they were treated with dignity and respect.

We spoke with four patients during the inspection. All four patients said they were happy with aspects of the service, two were entirely satisfied with the care they received and thought staff were approachable, committed and caring. Where patients expressed dissatisfaction it was in waiting to get an appointment, appointments running late and feeling reception staff were not always polite.

The practice's friends and family test results showed the majority of patients were happy with the appointments system and care they received.

Areas for improvement

Action the service **MUST** take to improve

- Ensure safe and effective arrangements for infection prevention and control, flooring in clinical rooms, medicines management and equipment in case of a medical emergency.
- Ensure a system for production of Patient Specific Directions (PSDs) to enable healthcare assistants to administer specific injectable medicines with a GP or nurse on the premises.

- Implement effective arrangements for seeking and recording patients' consent.

Action the service **SHOULD** take to improve

- Ensure implementation of plans for embedding induction and DBS checks for non-clinical staff or an appropriate risk assessment.
- Review systems for complaints, communication arrangements for patients who are deaf or hard of hearing, and improve identification of carers.

Outstanding practice

Essex Lodge

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a second CQC inspector, a practice nurse specialist adviser, a practice manager specialist adviser.

Background to Essex Lodge

The Essex Road practice is situated within NHS Newham Clinical Commissioning Group (CCG). The practice provides services to approximately 9,000 patients under a Personal Medical Services (PMS) contract.

The practice provides a full range of enhanced services including childhood immunisations, avoiding unplanned admissions, IUCD (also known as the “coil”) fitting, extended hours, and minor surgery including excisions and joint injections. It is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, Surgical procedures, and Diagnostic and screening procedures.

The staff team at the practice includes three GP partners (two male working nine sessions and one female working six sessions per week), three GPs (two female, one working nine sessions and the other four sessions, and one male working four sessions per week), three female practice nurses (working thirty seven and a half hours, twenty one hours, and eight hours per week), a female health care assistant working thirty seven and a half hours per week, a counsellor working fifteen hours per week, a practice

manager working thirty two hours per week, a deputy practice manager working thirty five hours per week and a team of reception, secretarial and administrative staff. The practice teaches medical students and trains GP registrars.

The practice has been granted planning permission to extend the premises pending approval from NHS England to provide space for additional resources such as consulting rooms, a larger waiting room and a quiet room for patients. It currently has two floors with lift access to the first floor.

The practice is open weekdays from 8.00am to 7.00pm (except on Thursday when it closes at 6.00pm), and on Saturday from 8.00am to 12.00pm. Core appointments times are from 8.30am to 1.30pm and 4.00pm to 6.00pm every weekday except Thursday when afternoon surgery runs from 2.30pm to 5.00pm. Extended hours appointments are offered every weekday from 8.00am to 8.30am and on Saturday from 8.00am to 10.30am. The practice does not close its doors or telephone lines for lunch and provides home visits and telephone consultations for patients. Pre-bookable appointments are available including online in advance. Urgent appointments are also available for people that need them. Patients telephoning for an out of hour's appointment are transferred to the Newham cooperative deputising service.

The practice is located in one of the most deprived areas in England. It has a higher than average population of people whose working status is unemployed at 14% compared to the national average of 5%, but this is comparable to the Clinical Commissioning Group (CCG) average of 11%. The average male and female life expectancy for the practice was comparable to CCG and national averages for males (78 years at the practice, 77 years within the CCG, and 79 years nationally) and females (83 years at the practice, 82 years within the CCG and 83 years nationally).

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

This provider had not been inspected previously.

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 29 February 2016. During our visit we:

- Spoke with a range of staff (GP partners, practice nurse, practice manager, and receptionists) 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 hard copy recording form available and a log of significant events 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.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, staff identified a patient had been receiving a short term medicine for longer than necessary on a repeat prescription. A GP contacted the patient directly to apologise and check their wellbeing and the medicine repeat was stopped. A discussion was held at a staff meeting and the prescription system was changed to ensure start and stop dates were entered correctly. An audit was undertaken for patients prescribed the same medicine to ensure the error was not repeated.

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 GP for safeguarding both adults and children. 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 and nurses to level 2.

- 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).
- We observed the premises to be clean and tidy but minor operations and coils procedures were carried out in a carpeted treatment room. Flooring in clinical areas should be seamless and smooth, slip-resistant, easily cleaned and appropriately wear-resistant. The practice nurse was the infection control clinical lead but was not available at inspection. There was an infection control protocol in place and staff had received training. An infection control audit had been carried out for the first time in January 2016. It had dates for review but there were no attendant action plans to address improvements identified and there was no cleaning schedule for the practice premises or clinical equipment. Staff told us there was a new cleaning contractor, and a proposed new cleaning schedule was being finalised. The clinical waste bin was locked but not secured to the wall and was in a publicly accessible area outside. Staff told us the building was Grade 2 listed which had posed challenges to securing the clinical waste bin, and that it was appropriately secured immediately after inspection. A new cleaning contractor had been appointed two days prior to inspection and a cleaning schedule was being implemented as part of the change.
- Most 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

Are services safe?

medicines. 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines but there was no system for production of Patient Specific Directions (PSDs) to allow healthcare assistants to administer specific injectable medicines with a GP or nurse on the premises. Refrigerated medicines were appropriately stored but the refrigerators had no lock and only one thermometer (two are recommended). There was no staff action protocol available for the event of the medicines refrigerator temperature going out of range.

- We reviewed four personnel files and found appropriate recruitment checks had mostly been undertaken prior to employment, but there were no DBS checks undertaken for non-clinical members of staff and the associated risk had not been assessed. None of these staff were chaperones. Appropriate checks through the Disclosure and Barring Service had otherwise been undertaken as well as proof of identification, references and qualifications checks to ensure relevant staff registration with the appropriate professional body. After inspection the practice told us it had decided to implement DBS checks for all staff, clinical and non-clinical.

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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working

properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had most 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 treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely but there was no system to check emergency medicines remained fit for use. There was no pulse oximeter kept with emergency equipment, and needles and syringes in the anaphylaxis kit were out of date (Anaphylaxis is an extreme and severe allergic reaction and a pulse oximeter is a medical device that monitors the oxygen saturation of a patient's blood).

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.

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 peoples' needs.
- The practice monitored that these guidelines were followed through audits.

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 97% of the total number of points available, with 14.4% exception reporting compared to 6.6% within the CCG and 9.2% nationally. (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).

- Performance for diabetes related indicators was 81%, (CCG average 87%, and national average of 90%). Exception reporting rates for diabetes were 27% for patients with diabetes who had influenza immunisation, and 26% for patients with diabetes whose annual blood pressure reading measured 140/80 mmHg or less.
- The percentage of patients with hypertension having regular blood pressure tests was similar to CCG and national averages at 100% (CCG average 97%, national average 98%). Exception reporting was 9% for patients whose annual blood pressure reading 150/90 mmHg or less.
- Performance for mental health related indicators was 100% (CCG average 87%, national average 93%). Exception reporting rates for mental health indicators ranged from 14% to 29%.

We asked staff about higher rates of exception reporting and they told us the practice provided GP services to a local residential and learning disabilities homes and a proportion of residents had declined certain elements of care. We checked records and saw evidence this was the case for example for patients receiving end of life care.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored. For example the practice had checked how many patients with diet controlled diabetes were using blood glucose testing strips. In the first cycle the practice identified 84 patients with diet controlled diabetes, 20% of were on metformin medicine only. Of these, 10 patients (12%) were prescribed blood glucose testing strips. The practice set a target to promote appropriate use of the strips and reduce usage to 6% or less. In the second cycle the practice identified 98 patients with diet controlled diabetes, 20% of whom were on metformin medicine only. Of these, six patients (6%) were prescribed blood glucose testing strips.
- The practice participated in local audits, national benchmarking and peer review and research. Findings were used by the practice to reduce over use and inappropriate use of antibiotics in order to reduce the spread of antimicrobial resistance. For example, recent action taken as a result included a two cycle audit that demonstrated a 2% reduction in broad spectrum antibiotic use.

Information about patients' outcomes was used to make further improvements such as improving practice systems for two week wait cancer screening appointments, to confirm appointments were made.

Effective staffing

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

- The practice did not have an induction programme for all newly appointed staff to cover such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, no new staff had been employed for a year and all staff were subsequently trained in these areas.

Are services effective?

(for example, treatment is effective)

- 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 and undertaking minor surgery.
- Staff taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, but had not used patient specific prescriptions or directions from a prescriber to ensure safe administration.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to ongoing support during one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- 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 services 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. Multi-disciplinary team meetings were not taking place but bi-monthly meetings were held with the Community Mental Health Team. Care

plans were routinely reviewed and updated and we subsequently found that implementing multi-disciplinary meetings this had been a challenge in local area, rather than specific to the individual practice.

Consent to care and treatment

Staff did not consistently seek 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.
- We checked consent recording for patients and found it was inconsistent. For example, verbal consent had been recorded for cervical cytology (smear tests) and immunisations, but had not been recorded for other intimate investigations; IUCD ("coils") procedures or minor surgery. GPs said that patients were "advised" but consent was not formally recorded. A log of surgical procedures was kept but the process for seeking consent was not monitored.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 88%, which was comparable to the CCG average of national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given to under two year olds were comparable to CCG averages and ranged from 76% to 90% (CCG ranged from 82% to 94%). Childhood immunisation rates for the vaccinations given to five year olds were comparable to CCG and ranged from 77% to 96% (CCG ranged from 82% to 94%).

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 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.

Thirty of the 34 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. Three of the four patients showing dissatisfaction expressed long waits for an appointment.

We spoke with nine members of the patient participation group. They only met annually but also told us they were satisfied with the care provided by the practice and said their dignity and privacy were respected.

Results from the national GP patient survey published January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 79%, national average 87%).
- 90% said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%).
- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average 76%, national average 85%).
- 81% said the last nurse they spoke to was good at treating them with care and concern (CCG average 80%, national average 91%).

- 83% said they found the receptionists at the practice helpful (CCG average 80%, national average 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 on the comment cards we received was also predominantly positive and aligned with these views.

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

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%).
- 76% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 90%.
- 72% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%).

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23 carers, less than 1% of the patient population. The practice estimated the total number of carers on their list should be approximately 870, with 296 carers caring for more than 20 hours and 96

Are services caring?

caring for more than 50 hours and told us further work was planned to identify the gaps. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, it employed a counsellor to provide services for patients in emotional distress or with mental health problems.

- The practice offered extended hours appointments every weekday from 8.00am to 8.30am and on Saturday from 8.00am to 10.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available but no hearing loop. Staff told us registered patients who were deaf or hard of hearing could lip read or written notes were used and they were otherwise independent.

Access to the service

The practice was open weekdays between 8.00am to 7.00pm except on Thursday when it closed at 6.00pm, and on Saturday from 8.00am to 12.00pm. Extended surgery hours were offered every weekday from 8.00am to 8.30am and on Saturday from 8.00am to 10.30am. Pre-bookable appointments were available including online in advance. On the day of the inspection the next available appointment was the next day. Urgent appointments were also available for people that need them. Patients telephoning for an out of hour's appointment are transferred to the Newham cooperative deputising service.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 87% patients said they could get through easily to the surgery by phone (CCG average 61%, national average 73%).
- 59% patients said they always or almost always see or speak to the GP they prefer (CCG average 47%, national average 59%).

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

Listening and learning from concerns and complaints

The practice had managed individual complaints and was in the process of improving its system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- Information was available to help patients understand the complaints system, for example a complaints leaflet.
- A new system of complaints logging had been implemented two weeks prior to inspection.

We looked at noted nine complaints received in the last 12 months and looked at two complaints in detail and they had not consistently been satisfactorily handled and dealt with in a timely way. We asked staff about complaints management and immediately after inspection they provided information that demonstrated an individual complaint had been managed effectively. For example, the practice communicated regularly with a vulnerable complainant requiring support to fully express their complaint and desired outcome, and were in touch both verbally and in writing to clearly understand the patients concerns. The practice tailored its arrangements to meet the patients clinical needs as a first priority and made appropriate efforts to accommodate requests in dealing with the complaint and responded promptly and openly when dealing it. Lessons were noted but recording and logging systems were fragmented and there was no analysis of trends to inform improvements of care.

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 vision to deliver quality care and good outcomes for patients, and was in the process of improving and updating several systems and processes.

- The practice had a mission statement, it was not displayed in the waiting areas but staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were monitored; for example the practice was implementing plans to extend and improve the premises.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the care:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Systems of work and practice specific policies were available to all staff and several updates were in the process of being ratified or implemented such as complaints and induction. However, there were some gaps in the arrangements for recording consent.
- 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.
- Most arrangements for identifying, recording and managing risks, issues and implementing mitigating actions such as fire safety were in place.

Leadership and culture

On the day of inspection the partners in the practice 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). The partners encouraged a culture of openness and honesty. 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). 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.
- 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.

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

The practice encouraged and valued feedback from patients, the public and staff.

- The patient participation group (PPG) met annually but told us quarterly meetings had recently been agreed and they had submitted proposals for improvements to the practice management team that were acted on. For example, the practice had made improvements to the process for patients' repeat prescriptions.
- The practice gathered patients' feedback through the friends and family test and increased availability of urgent appointments as a result.
- The practice had gathered feedback from staff through staff meetings, appraisals and generally through day to day discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and that they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>How the regulation was not being met:</p> <p>Patients consent had not consistently been sought and recorded.</p> <p>This was in breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not implement effective arrangements for infection prevention and control or safe medicines management.</p> <p>There was no system for production of Patient Specific Directions (PSDs) to enable healthcare assistants to administer specific injectable medicines with a GP or nurse on the premises.</p> <p>There was no system to check emergency medicines or pulse oximeter in the emergency kit and emergency use needles and syringes were out of date.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>