

Albert Road & Britannia Village Surgery

Quality Report

Albert Road & Britannia Village Surgery

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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?

Requires improvement



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 Albert Road and Britannia Village Surgery. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- There were procedures for assessing, monitoring and managing risks to patient and staff safety, however we found actions identified during fire risk assessments had not been completed in a timely manner. Following the inspection we received evidence that all the identified actions had been remedied.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Data from the national GP patient survey showed patients rated the practice below national average for several aspects of care. For example, 65% 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 national average of 85%.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvements are:

- Continue to ensure that actions identified during risk assessments such as fire safety are remedied in a timely manner to mitigate the risk of harm to patients and staff.
- Ensure the locum GP is trained to child protection level three as per statutory guidance.

Summary of findings

- Review low GP patient survey results in relation to patient satisfaction.
- Improve uptake rates for childhood immunisations so they are comparable to CCG and national averages.
- Take steps to address the practice's low dementia reporting.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- There were procedures for assessing, monitoring and managing risks to patient and staff safety, however we found actions identified during fire risk assessments had not been completed in a timely manner. Following the inspection we received evidence that all the identified actions had been remedied.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role with the exception of a locum GP who had received level two safeguarding training.
- 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.
- The practice had adequate arrangements to respond to emergencies and major incidents including an up to date Business Continuity Plan.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Medicines and Healthcare Products Regulatory Agency (MHRA alerts) were received by the practice pharmacist who cascaded to the wider clinical team including locum GPs.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.

Summary of findings

- Information about patients' outcomes was used to make improvements to safer care such as medicine management including prescribing and medication reviews.
- End of life care was coordinated with other services involved.
- Immunisation rates were mixed for all standard childhood immunisations, however the practice had put systems in place to improve uptake rates.

Are services caring?

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

- Whilst 43 of the 44 Care Quality Commission comment cards we received were positive about the service experienced, data from the national GP patient survey showed patients rated the practice below national average for several aspects of care. For example, 65% 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 national average of 85%.
- Written information was available in the form of a carer's pack which directed carers to the various avenues of support available to them.
- There was a system to code patients who were also carers on the practice electronic recording system to alert staff to their vulnerability.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, appointments were offered on Saturdays for patients who could not attend during normal opening hours
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable in most areas to local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Information about how to complain was available and evidence from 15 examples reviewed 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.

- The practice had a clear vision and that was to work in a multidisciplinary team to improve access to 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 policies and procedures to govern activity and held regular governance meetings.
- The practice approach was underpinned by visible leadership, service stabilisation and service improvement.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- Management encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible for example, the keep fit programme for over 65s.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable with local CCG and national averages. For example, The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 90%, compared to the CCG average of 89% and national average of 86%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for 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.

Summary of findings

- Patients at risk of developing a long-term condition were coded on the clinical system to alert staff of their vulnerability.
- Clinicians at the practice had access to an AT Medics developed dashboard which could be used to perform medicine safety searches.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, where child abuse was witnessed.
- Immunisation rates were mixed for all standard childhood immunisations, however the practice had put systems in place to improve uptake rates.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had emergency processes for acutely ill children and young people.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to CCG/national averages, however we found two patients who had screening carried out at the practice approximately two months prior were not followed up when the results were not received.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, telephone consultations were available daily and appointments were offered on a Saturday.
- 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.

Good



Summary of findings

- To assist patients in accessing the service, patients could use the online kiosk which was connected to the practice website to book appointments, request prescriptions and register as a new patient.

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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability, carers and other vulnerable patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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



- The practice carried out advance care planning for patients living with dementia, however reporting was lower than the local CCG and national averages.
- Performance for dementia related indicators was higher than the CCG and national average. For example, all six patients diagnosed with dementia had a care plan which had been reviewed in a face-to-face setting in the preceding 12 months, compared to the CCG average of 76% and national average of 78%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Summary of findings

- 95% of patients on the mental health register had their care plan reviewed.
- Performance for mental health related indicators was higher than the CCG and national averages. 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records, in the preceding 12 months compared to the CCG and national averages of 78%. This was achieved without excepting any patients. The exception rate for the local CCG was 8% and 13% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.

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 below local and national averages. Three hundred and seventy one (371) survey forms were distributed and 79 were returned. This represented less than 1% of the practice's patient list.

- 68% of patients described the overall experience of this GP practice as good compared with the CCG average of 75% and the national average of 85%.
- 57% of patients described their experience of making an appointment as good compared with the CCG average of 64% and the national average of 73%.

- 63% 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 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 44 comment cards most of which were all positive about the standard of care received. Patients said the staff were very helpful, respectful and that the practice offered a fantastic service. One comment card was negative; the patient felt the service was not understanding of their issue.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Albert Road & Britannia Village Surgery

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 and an Expert by Experience.

Background to Albert Road & Britannia Village Surgery

Albert Road and Britannia Village Surgery is part of AT Medics Limited who has been running the practice since July 2015. The practice operates across two sites; the main branch Albert Road is situated at 76 Albert Road, North Woolwich, London E16 2DY. The practice is based in a purpose built building, located on a main road. It is well served by local bus routes and Docklands Light Railway (DLR) and London City Airport. Parking is available which includes disabled parking bays. Additional parking is available on surrounding streets. All parts of the premises are wheelchair accessible. The branch surgery named Britannia Village Surgery operates from 12a Wesley Avenue, London, E16 1TU.

The practice has an Alternative Provider Medical Services (APMS) contract (APMS contracts are provided under Directions of the Secretary of State for Health and can be used to commission primary medical services from traditional GP practices). The practice provides NHS primary care services to approximately 9,357 people living in the London Borough of Newham and is part of the NHS Newham Clinical Commissioning Group (CCG). The practice

is located in the fourth most deprived decile of areas in England and data shows most patients are of working age (20 to 44) with a lower than average proportion of patients aged above 45.

The practice is staffed by three male and one female GP, a female physician associate (physician associates work alongside doctors to provide safe and quality care to patients), and a female practice pharmacist, collectively working 32 clinical sessions per week. They are supported by three female practice nurses, a female health care assistant (HCA), acting practice manager, assistant practice manager and eight reception/administrative staff. The practice is accredited for teaching undergraduate medical students in their final year.

The practice's opening hours are from 8am to 6.30pm Monday to Friday and 9am to 1pm on Saturday. Out of hours services are provided by the Newham Out of Hours GP Hub and NHS 111 services when the practice is closed. Information on the Out of Hours services is provided to patients on the practice website as well as through practice leaflet and on posters. To assist patients in accessing the service, patients can use the online kiosk which is connected to the practice website to book appointments, request prescription and register as a new patient. Urgent appointments were available each day and GPs completed telephone consultations for patients.

Albert Road and Britannia Village Surgery is registered to provide the following regulated activities from 76 Albert Road, North Woolwich, London E16 2DY and 12a Wesley Avenue, London, E16 1TU:

- Diagnostic and Screening Procedures
- Treatments of Disease, disorder or injury

Detailed findings

- Family Planning
- Maternity and Midwifery.

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. We carried out an announced visit on 3 May 2017. During our visit we:

- Spoke with a range of staff including three GPs, physician associate, regional manager, acting practice manager, assistant practice manager, practice nurse, HCA, two receptionists and spoke with 10 patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed 44 comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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?

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the acting 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).
- From the sample of three documented examples we reviewed we found when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a safeguarding incident involving a vulnerable person, the incident was documented, discussed, and other local services were contacted. The practice reflected on what they could have done differently and we also noted that the acting practice manager reviewed all employed staff safeguarding training records to ensure there were no gaps. A copy of this significant event was shared at regional and board level meetings.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were

accessible to all staff on the computer shared drive. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP led on safeguarding.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. Employed GPs, nurses and physician associate were trained to child protection or child safeguarding level three, acting practice manager to level two and non-clinical staff to level one. All staff we spoke to on the day knew where to access the policy and understood their responsibility to report concerns. A list of all relevant contacts was on display in the reception area and in treatment rooms. The locum GP who undertook adhoc sessions had only been trained to level two; the practice told us this had been an oversight and we have received evidence which confirmed the provider had contacted the GP locum agency to inform them training must be updated to level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence action was taken to address any issues identified as a result. The last audit completed in January 2017 highlighted several problems such as out of date contact details for the local infection control team and we saw evidence remedial action had been taken to address concerns.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs provide a legal framework that allows registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a doctor each time they visit the practice). Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately. The physician associate carried out patient examinations, treatments and other non-prescribing tasks under the direct supervision of the GP.

We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. There were three staff who had been transferred to work at the practice under TUPE arrangements (these protect employees rights when the organisation they work for transfers to a new employer) and appropriate documentation was stored in personnel records.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing most risks to patient and staff safety, however we found actions from the fire risk assessments had not been completed in a timely manner.

- There was a health and safety policy available and a poster in the reception office.
- The practice had a fire risk assessment, however we found actions highlighted in 2015 and 2016 had not been rectified either by NHS property services (who owned the building) or the practice. Following the inspection we received evidence that all the identified actions had been remedied. The practice carried out fire drills and weekly fire alarm testing. There were designated fire marshals within the practice who had received appropriate training. There was a fire evacuation plan which identified how staff could support patients with mobility problems to evacuate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty between both sites to meet the needs of patients. For example, the management team showed us records which demonstrated the physician associate was always scheduled to work alongside the GP who provided immediate clinical support and advice. Staff used an instant messaging group to arrange cover amongst themselves.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. Copies were held off site by various members of staff. The plan included emergency contact numbers for all staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.
- Medicines and Healthcare Products Regulatory Agency MHRA alerts were received by the practice pharmacist who cascaded to the wider clinical team including locum GPs.
- 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 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 91% and national average of 95%. This was achieved with an overall exception rate of 7%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review of meeting or certain medicines be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to CCG and national averages. For example, The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90

mmHg or less was 90%, compared to the CCG average of 89% and national average of 86%. This was achieved with an exception rate of 7% which was comparable to the CCG average of 5% and national average of 9%.

- Performance for mental health related indicators was higher than the CCG and national averages. 97% of patients with schizophrenia, bipolar affective disorder and other psychoses has had a comprehensive care plan documented in their records, in the preceding 12 months compared to the CCG and national averages of 78%. This was achieved without excepting any patients.
- Performance for dementia related indicators was higher than the CCG and national average. For example, all six patients diagnosed with dementia had a care plan which had been reviewed in a face-to-face review in the preceding 12 months, compared to the CCG average of 76% and national average of 78%. We noted that there were only six patients (0.07%) diagnosed with dementia which was below the CCG average of 0.28% and national average of 0.76%. According to data obtained from Public Health England (PHE), the practice age profile showed most patients were between 20 to 44 years with a lower than average proportion of patients aged 60 and above. The practice told us patients were screened routinely as well as opportunistically.

There was evidence of quality improvement including clinical audit:

- There had been five clinical audits undertaken in the last two years, four of these were completed audits where the improvements made were implemented and monitored. One example was an audit of patients who had been prescribed emergency contraception. The purpose was to check that patients were provided with information regarding long acting reversible methods of contraception (LARC) at the time of, or within a month of receiving contraception. In the first cycle the practiced identified six (50%) patients had been provided with LARC at the time or within one month. The second cycle demonstrated improvements; all twelve patients (100%) who had been prescribed emergency contraception were provided with timely LARC.
- Other audits related to asthma, inadequate smears and two week cancer referrals where findings were used by the practice to improve services.

Are services effective?

(for example, treatment is effective)

- Information about patients' outcomes was used to make improvements to safer care such as medicine management including prescribing and medication reviews.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions had access to tailored educational programmes available on the practice intranet as well as a performance dashboard which could be used to perform searches on safe prescribing.
- 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, discussion at practice meetings and attending practice nurse forums.
- 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 and nurses. All staff had received an appraisal within the last 12 months.
- Staff group had access to personalised training packages on the intranet system.
- 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. Clinical and non-clinical staff training matrices were maintained by the acting practice manager.

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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly or bi-monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff we interviewed 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

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, homeless and those at risk of developing a long-term condition were coded on the clinical system to alert staff of their vulnerability.
- Smoking cessation advice was available with the GPs, nurses and HCA. Data from QOF showed that 97% of patients aged 15 or over were recorded as current smokers and had been offered support and treatment within the preceding 24 months.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 78% and the national average of 81%. This was achieved with an exception rate of 13%, compared to CCG rate of 11% and national rate of 7%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. Longer appointments were available for those with a learning disability and the practice ensured a female sample taker was available across both sites.

On the day of the inspection, we found two incidents when results were not received and this was not followed up. It

later transpired that the laboratory had not received the samples. Following the inspection, the practice identified these as significant events and we saw steps had been taken to prevent the likelihood of this happening again. The practice contacted the patients, apologies were made and appointments were rescheduled.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were mixed. For example, rates for the vaccines given to five year olds ranged from 69% to 91% compared to the CCG range from 77% to 93% and national range from 88% to 94%. We were told by the regional and acting practice managers that childhood immunisation, cervical and bowel screening had been discussed at board level and were named as top priorities. The practice had put a system in place to improve uptake rates, for example, reception staff were trained how to use the clinical system to identify children who had failed to attend appointments.

Patients had access to appropriate health assessments and checks. The health care assistant (HCA) carried out new patients check and NHS health checks for those 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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

43 of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 10 patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

The practice was below national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 75% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 82% and the national average of 87%.
- 66% of patients said the GP gave them enough time which was below the CCG average of 78% and the national average of 87%.
- 86% 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%.
- 65% of patients said the last GP they spoke to was good at treating them with care and concern which was below the CCG average of 77% and national average of 85%.

- 83% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 91%.
- 83% of patients said the nurse gave them enough time compared with the CCG average of 82% and the national average of 92%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 93% and the national average of 97%.
- 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 national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared with the CCG average of 81% and the national average of 87%.

The practice was aware of the low scores in some areas and told us that since they took over the practice in 2015 patient satisfaction had improved. We looked at the Family and Friends test (FFT) results between April 2016 and March 2017. In April 2016, 88% of patients were either "extremely likely" or "likely" to recommend the practice, however in June 2016 only 59% said they would recommend the practice. There were posters displayed in the waiting areas which informed patients of actions the practice took following feedback. We also noted that highlights as well as areas requiring improvements were discussed during the PPG meeting and the practice put forward improvement plans; some of which had been completed at the time of inspection. For example:

- Recruited wider clinical team e.g. Physician associate
- Upskilled practice nurse to become nurse practitioner
- Stabilised GP workforce
- Encouraged patients to book appointments online
- Reception staff had received training in customer care
- Increase long term condition (LTC) care planning.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of inspection, 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

Are services caring?

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.

The GPs and nurses told us children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey showed patients responses were mixed regarding questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages for some areas. For example:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 80% and the national average of 86%.
- 64% of patients said the last GP they saw was good at involving them in decisions about their care which was below the CCG average of 75% and national average of 82%.
- 83% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 90%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 85%.

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

- Staff told us that interpretation 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.
- The NHS e-Referral Service was used with patients as appropriate. (The NHS e-Referral Service combines electronic booking which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- Patients could message GPs through the practices' website which was available in different languages.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer and used this information to offer annual health check and flu vaccine. As of May 2017, the practice had identified 248 patients as carers (over 2.5% of the practice list). Written information was available in the form of a carer's pack which directed carers to the various avenues of support available to them. Vulnerable patients and their carers' such as those with a disability or dementia were directed to specific support network in the borough.

The practice had a bereavement policy and staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a condolence card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to tailor action plans to meet the needs of its population:

- The practice offered appointments on Saturdays for patients who could not attend during normal opening hours and sent text message reminders of appointments and test results.
- There were longer appointments available for patients with a learning disability, older people, carers and other vulnerable patients. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Flu vaccinations were offered to carers, older patients and other vulnerable patients.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- To assist patients in accessing the service, patients could use the online kiosk which was connected to the practice website to book appointment, request prescription and register as a new patient.
- The practice had a clear, user-friendly, multi-lingual and accessible website; patients could also leave feedback about their care and the results were summarised.
- Patients could "message my GP" through the web based email service that was linked to the clinical system.
- Patients were able to receive travel vaccines available on the NHS and were referred externally for those usually available privately such as yellow fever.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, we saw that patients affected by homelessness could register at the practice and were offered health checks.

- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that patients with specific needs received information in formats they can understand and receive appropriate support to help them to communicate.
- The practice responded to feedback by implementing systems to improve the service including recruiting additional staff and investing in training and development.

Access to the service

The practice's opening hours were from 8am to 6.30pm Monday to Friday and 9am to 1pm on Saturday. When the practice was closed, out of hours services were provided by the Newham Out of Hours GP Hub and NHS 111 services. In addition to pre-bookable appointments that could be booked up to four weeks in advance; urgent appointments were also available for patients that needed them. Data obtained from the practice showed 30% of their patients had registered to book appointments online.

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

- 68% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 64% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and national average of 73%.
- 75% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 76% and the national average of 85%.
- 86% of patients said their last appointment was convenient compared with the CCG average of 84% and the national average of 92%.
- 57% of patients described their experience of making an appointment as good compared with the CCG average of 64% and the national average of 73%. The practice was aware of this and as a result all front end staff received annual smile, meet, ask, remind and thanks (SMART) training to improve their customer service skill.

Are services responsive to people's needs?

(for example, to feedback?)

- 48% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 42% and the national average of 58%. In response to these results, reception staff informed patients on arrival if the GPs were delayed.

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

The practice had a system to assess:

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

Staff told us that patients requesting a home visit were requested to contact the practice as early as possible. They were then triaged by the GP, and a visit arranged if clinically necessary. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

We looked at 15 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient complained about lack of appointments. We saw that the complaint was investigated, discussed in a practice meeting and a written response was provided to the patient. As a result of this complaint and other similar ones the practice had recruited additional clinical staff and patients could access GP and nurse appointments on Saturday.

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 and that was to work in a multidisciplinary team to improve access to patients, engage with patients about their health and ensure all our staff embody our values of kindness, flexibility and excellence.

- The practice had a succession plan which was managed at corporate level and staff knew and understood the values.
- The practice had a clear strategy which reflected the vision and values and were regularly monitored.
- The practice approach was underpinned by visible leadership, service stabilisation and service improvement.
- Practice staff demonstrated admirable team effort on the day of inspection.

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 and ensured that:

- The practice had an organisational structure that determined how tasks were distributed.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff and staff knew how to access on the shared drive. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to drive improvements and patient outcomes.
- There were appropriate arrangements for identifying, recording and managing most risks, issues and

implementing mitigating actions. For example, the practice held regular prescribing review meetings and we saw various business matters were discussed namely medicines management, document handling and pathology.

- We saw evidence from minutes of face to face and WebEx meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the GPs and management team in the practice including the clinical lead, demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they offered improving healthcare and prioritised safe and effective care. Staff told us the GPs and management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The GPs encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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

Are services well-led?

Good 

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

issues at team meetings and felt confident and supported in doing so. Staff told us they enjoyed regular days out. Minutes were comprehensive and were available for practice staff to view.

- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the management 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 and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had met twice in the last year, but we saw minutes of the meeting where it was discussed that meetings would take place bi-monthly. We reviewed the minutes of the PPG meeting which was held in July 2016 and saw where they had suggested practice nurse sessions on Saturday; we found this had been acted on by the practice.
- The NHS Friends and Family test (FFT), complaints and compliments received were summarised and the practice could demonstrate that actions were implemented in line with the feedback they received.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, for example, the practice nurse team suggested refrigerator wipes be made available in all clinical rooms and this was actioned by management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. There was a strategic plan which was based on the practices' priorities this financial year. The priorities included improving uptake rates for cervical and bowel screening as well as childhood immunisation. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, patients over 65 years took part in a keep fit programme which was funded by the government. Although this particular programme had ended, there had been discussion with a local football team about carrying out regular keep fit classes at the practice.

The practice had centralised systems and standardised materials which were accessible by all staff working with the provider. All staff we spoke with seemed motivated and told us they were supported by the practice to further their careers. For example, one of the GPs was on a training course to become a GP trainer and the practice nurse was attending a course to become a nurse prescriber. All staff group had access to personalised learning and development for example, nurses and HCAs utilised the healthcare assistants and nurses development support (HANDS) for day to day support.

The practice could demonstrate how they capitalised on the dynamic environment in which they operated. It was evident on the day that the practice used technology to meet the needs of their patients by offering telephone consultations and patients could message a GP through the website which would be dealt with in 24 hours. Some meetings were held in a virtual environment to facilitate and include other team members such as locum GPs which allowed for discussions to take place and learning to be cascaded.