Birchdale Road Medical Centre

Quality Report

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

Ratings

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

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 Birchdale Road Medical Centre on 25 August 2017. Overall the practice is rated as requires improvement.

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

- There were weaknesses in systems for identifying and managing significant events.
- Arrangements to minimise risks to patient and staff safety were not always effective including safety alerts, and fire and equipment safety.
- 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.
- Results from the national GP patient survey showed patients were above average or comparable for responsive services such as patient access but below average for caring services.
- Information about services and how to complain was available but complaints and trends in complaints were not sufficiently well managed.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had facilities including disabled access and was equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from PPG members, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed where significant events were identified showed the practice complied with these requirements.

The areas where the provider must make improvements are:

Summary of findings

- Ensure care and treatment is provided in a safe way to patients.
- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider should:

- Improve arrangements for patient's breastfeeding and access to information and services online.
- Formalise and embed arrangements for staff induction.

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?

Requires improvement

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

- Systems for identifying significant events were variable and significant events were not consistently identified. Reporting and recording systems were in place but the practice did not monitor trends in significant events or evaluate improvement actions taken. However, when individual significant events were identified lessons were shared to make sure action was taken to improve safety in the practice. Patients were informed as soon as 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.
- Although risks to patients were assessed, the systems to address these risks were not always implemented well enough to ensure patients were kept safe such as fire and equipment safety and safety alerts follow up.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Most arrangements for managing medicines minimised risks to patient safety with the exception of refrigerated medicines.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to local and national averages.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was no formal induction programme but staff were subsequently trained appropriately and 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.
- End of life care was coordinated with other services involved.

Summary of findings

Are services caring?

Requires improvement 

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

- Data from the national GP patient survey showed patients rated the practice lower than others for many aspects of care such as dignity and respect and involvement in decisions about their care and treatment. The practice had not taken effective action to address the lower patient survey results.
- Patients we spoke to and patient comment cards showed patients said they were treated with compassion, dignity and respect and felt cared for, supported and listened to.
- The practice did not have a website but leaflets in the reception area were available to direct carers to relevant support services.
- Information for patients about the services was available but translation services were not advertised in the reception area and staff were unclear about how to access the service.

Are services responsive to people's needs?

Requires improvement 

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

- Although the practice had reviewed the needs of its local population, it did not have a plan to secure improvements relating to survey scores.
- The practice did not have had a website but was actively developing one and offered online appointment booking through the online national patient access system.
- Information about how to complain was available and easy to understand. However, the practice did not manage complaints effectively or monitor trends to inform or take improvement action.
- The practice had facilities to treat patients and meet their needs.
- Complaints were not always properly investigated and proportionate action was not always taken in response to any failure identified by the complaint or investigation.
- 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.
- Patients we spoke with 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.

Are services well-led?

Requires improvement 

The practice is rated as requires improvement for being well-led.

Summary of findings

- The practice had no clear strategy or supporting business plans, it had a mission statement that staff were not aware of but staff knew the values of the practice were to be caring.
- The lead GP led in all areas and the practice manager was the deputy lead and staff felt supported by management.
- There were gaps in governance arrangements such including safety issues and management and response to complaints and patient survey results.
- Practice specific policies were available to all staff, some were implemented such as safeguarding but others had had weaknesses including the whistleblowing policy.
- There were gaps in arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, such as fire and electrical equipment safety and maintenance.
- Some improvement actions as a result of feedback from relevant persons were limited, particularly in relation to caring services.
- Patient confidentiality had not been reliably maintained.

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

Requires improvement

The provider was rated as requires improvement for safe, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 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. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services such as adult social care services.
- The percentage of patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more who are currently treated with anti-coagulation drug therapy was 72% compared to 87% nationally. (CHA2DS2-VASc is a clinical prediction rule for estimating the risk of stroke in patients with non-rheumatic atrial fibrillation, a common heart condition). However, the most recent data from the practice for the current reporting year 2016 to 2017 showed the practice performance was currently 88%.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safe, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The lead GP led long-term disease management in conjunction with the practice nurse. Patients at risk of hospital admission were identified as a priority.

Summary of findings

- Diabetes clinics were run weekly by the practice nurse and monthly by the lead GP.
- Performance for diabetes related indicators was similar to national averages. For example, the percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c (blood sugar level) was 64 mmol/mol or less in the preceding 12 months was 65%, compared to the CCG average of 72% and the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was 80% compared to the CCG average of 82% and the national average of 83%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 87% compared to the CCG average of 87% and the national average of 90%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- 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.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safe, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 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, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were comparable for all standard childhood immunisations.
- 86% of patients diagnosed with asthma, on the register had an asthma review in the last 12 months compared to the CCG average of 76% and the national average of 76%.

Summary of findings

- Childhood immunisation rates for under two year olds ranged between 83% and 87%, (the national expected coverage of vaccinations is 90%). The Measles, Mumps and Rubella (MMR) vaccine for five year olds was 98% for Dose 1 compared to 93% within the CCG and 94% nationally, and 80% for Dose 2 compared to 77% within the CCG and 88% nationally.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and the national average of 81%.
- 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, with the exception of low seating in the breastfeeding room that was torn. After inspection the practice sent us evidence it had removed the low torn seat.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safe, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The age profile of patients at the practice was mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group.
- The practice did not have had a website but was actively developing one, it offered online appointment booking through the online national patient access system but patient ordering of repeat prescriptions online was not available.
- The practice offered extended hours for working patients who could not attend during normal opening hours.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safe, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances such as those with a learning disability and offered longer appointments for patients with a learning disability.
- The practice had 17 patients on the register with a learning disability, 13 (76%) of these patients had received an annual health check in the last 12 months.
- 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 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)

Requires improvement

The provider was rated as requires improvement for safe, caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice carried out advance care planning for patients living with dementia.
- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months compared to the CCG average of 83% and the national average of 84%
- The practice had identified 40 patients on its register with a mental health condition, 25 (63%) of these patients had received an annual health check in the last 12 months.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice ran a weekly talking therapies clinical provided by a counsellor.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Summary of findings

- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing below local and national averages. Three hundred and eighty one forms were distributed and seventy six were returned. This represented 2% of the practice's patient list.

- 70% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 73% and the national average of 84%.
- 68% of patients described the overall experience of this GP practice as good compared to the CCG average of 73% and the national average of 85%.
- 44% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 65% national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were predominantly positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect but two patients expressed concerns in the availability or duration of appointments.

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

The practice friends and family test patient's satisfaction scores showed 67% said they would recommend the surgery and 24% would not.

Areas for improvement

Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way to patients.
- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service SHOULD take to improve

- Improve arrangements for patient's breastfeeding and access to information and services online.
- Formalise and embed arrangements for staff induction.

Birchdale Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a lead CQC inspector and included a GP specialist adviser and a practice manager specialist adviser.

Background to Birchdale Road Medical Centre

Birchdale Road Medical Centre is situated within NHS Newham Clinical Commissioning Group (CCG). The practice provides services to approximately 3,300 patients under a General Medical Services (GMS) contract.

The practice provides a range of enhanced services including child vaccines and extended hours. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures.

The staff team at the practice includes the lead (male) GP working between eight and ten sessions per week, one long term locum female GP working one session per week, two male locum GPs collectively providing five or six sessions per month, a female practice nurse working four sessions per week, a female healthcare assistant working one session per week, a newly appointed practice manager working 37.5 hours per week, and a team of reception and administrative staff all working a mixture of part time hours.

The practices' opening hours are:

- Monday, Tuesday and Thursday from 9am to 7pm
- Wednesday and Friday from 8.30am to 7pm

The practice closes for lunch every day between 1pm and 2pm and its telephone lines remain open throughout these periods.

GP appointments are available:

- Monday, Tuesday, Wednesday and Thursday 10am to 12.30pm and 3.30pm to 6pm
- Friday 9.30am to 12.30pm and 3pm to 6pm

Appointments include home visits, telephone consultations and online pre-bookable appointments. Urgent appointments are available for patients who need them. Extended hours are available 6.30pm to 7pm every weekday evening, and additionally through the Newham GP Co-op service every weekday from 6.30pm to 9.00pm and on Saturday from 9.00am to 1.00pm. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider.

The practice has a relatively high population of older patients compared to the local CCG. Data showed 9% of its patients were over 65 years of age compared to 7% within the CCG and 17% nationally.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 August 2017.

During our visit we:

- Spoke with a range of staff (Lead GP, a practice nurse, practice manager, and reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a 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.
- Visited the practice location.
- 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?

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 living 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events but it was not sufficiently effective.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). From the sample of documented examples we reviewed we found that when things went wrong with care and treatment were identified, 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. However, we found a significant event that should have been identified via a patient complaint that was not satisfactorily investigated or acted upon.
- The practice carried out a thorough analysis of identified significant events where lessons were learned and shared and action was taken to improve safety in the practice. For example, an event where a patient had come to the reception area with a symptom of a potentially serious illness requiring immediate medical assessment and was initially advised to call back later for an emergency appointment, no harm came to the patient. Staff met to discuss and analyse the incident to identify ways to improve. As a result to prevent recurrence the practice arranged for training for non-clinical staff to ensure recognition of patients' symptoms requiring urgent medical attention and to call an ambulance. However, the practice did not monitor trends in significant events or evaluate improvement actions.
- There were no accident or incident reports at the practice and staff told us there had never been any. We reviewed other safety records, patient safety alerts and minutes of meetings where significant events were discussed. Safety alerts were received but there was no method to establish which were applicable to ensure follow up. Meeting minutes showed relevant discussions took place to ensure learning was shared but had no framework to ensure the follow up of safety issues.

Overview of safety systems and processes

Patients were safeguarded from abuse but not all systems, processes and practices to minimise risks to patient safety were effective:

- Arrangements for safeguarding 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. The Lead GP was the lead member of staff for safeguarding. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurses were trained to level three and non-clinical staff to level one.
- 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 and there were cleaning schedules and monitoring systems in place.
- The Lead GP 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 that action was taken to address any improvements identified as a result.

However, we noted the clinical waste bin was locked but unsecured in a patient accessible area by the pavement. After our inspection the practice sent us evidence it had secured the clinical waste bin.

Most 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Refrigerated medicines were in date and medicines refrigerator temperature records indicated they had been stored safely. However, we found there were four thermometers in use including a probe thermometer designed for food safety purposes. The back-up temperature reading needed to verify refrigerated medicines temperatures had not been checked and staff were unclear about how to obtain the computer generated log report. On the day of inspection staff removed the excess thermometers and obtained the back-up report that showed storage temperatures were satisfactory. Staff told us they would disseminate the learning and review the existing protocol to assure safe management of refrigerated medicines.

We reviewed four 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.

Monitoring risks to patients

Processes and procedures for assessing, monitoring and managing risks to patient and staff safety were insufficient.

- There was a health and safety policy and risk assessment undertaken in June 2016 and a fire risk assessment undertaken in September 2016. However, identified actions to ensure safety had not always been carried out. For example, there was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises, but fire drills had not been carried out and there was insufficient fire action signage.
- The health and safety poster had no designated person with overall responsibility but there was a notice displayed that showed the lead GP was responsible for all areas including fire safety and safeguarding, and the practice manager was the deputy lead. Staff completed the health and safety poster details on the day of inspection.
- Most electrical equipment had not been checked to ensure it was safe to use and items of clinical equipment such as the nebuliser were not calibrated. (A nebuliser is a device that helps you take your inhaled medication. It changes liquid medicine into a fine mist. You then breathe in the mist through a mouthpiece or a mask).
- The practice had a variety of other risk assessments to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had a control of substances hazardous to health (COSHH) assessment but there were no COSHH safety sheets to support safe use of cleaning chemicals used by staff.
- 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 to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had 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.

Requires improvement

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 was available and an accident / incident book that had never been used. Staff told us there had never been an accident or incident at the practice that needed documenting.
- 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. The plan included emergency contact numbers for staff.

Good

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.
- The practice monitored that these guidelines were followed 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 92% of the total number of points available, with 4% exception reporting. (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).

Data showed the practice was an outlier for clinical targets:

- Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was 0.38 compared to 0.47 within the CCG and 0.98 nationally (1 July 2015 to 30 June 2016). This was a positive variation.
- Percentage of antibiotic items prescribed that are Cephalosporins or Quinolones was 1.96 compared to 4.47 within the CCG and 4.71 nationally (1 July 2015 to 30 June 2016). This was a positive variation.

The practice was not an outlier for other QOF (or other national) clinical targets. Data from 2015 - 2016 showed:

- Performance for diabetes related indicators was similar to national averages. For example, the percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c (blood sugar level) was 64 mmol/mol or less in the preceding 12 months was 65%, compared to the CCG average of 72% and the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was 80% compared to the CCG average of 82% and the national average of 83%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 87% compared to the CCG average of 87% and the national average of 90%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 83% compared to the CCG average of 84% and the national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits undertaken in the last two years, both of these were completed audits where the improvements made were implemented and monitored. For example, the practice undertook an audit to improve effectiveness of cancer diagnosis in line with the Royal College of General Practitioners (RCGP) best practice guidelines. In the first cycle two patients were identified and their referral process was checked against the RCGP best practice guidelines, both patients had been referred promptly and appropriately, in addition the practice identified a further improvement to its process to improve safety netting prior to the patient being seen at the hospital and implemented a logging system as a result that we saw was in operation and effective at the time of inspection. In the second cycle the referral process was checked for two further patients, the new logging system was implemented and both patients were referred appropriately and in a timely way.
- The practice had undertaken a second completed audit to ensure prescribing of high intensity statins in line with best practice guidelines. (Statins are a group of medicines that can help lower the level of low-density lipoprotein (LDL) cholesterol in the blood. LDL cholesterol is often referred to as "bad cholesterol", and

statins reduce the production of it inside the liver). The practice disseminated best practice guidelines to prescribers and reviewed prescribing of statins for patients in line with these guidelines and altered the prescription for some patients prescribed these medicines in the first cycle. The practice undertook a second cycle audit that showed improvement in the clinical management for patients' high intensity statins prescribing.

- The practice participated in national benchmarking and local audits and findings were used by the practice; for example to reduce over use and inappropriate use of antibiotics in order to reduce the spread of antimicrobial resistance.

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment, but inductions were not always carried out:

- There was no formal induction programme for all newly appointed staff with the exception of locum GPs. However, staff told us induction was carried out and covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality and we also saw that staff were subsequently trained in these areas.
- 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 such as asthma updates diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found that 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 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 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.

Good

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and the national average of 81%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisations were carried out in line with the national childhood vaccination programme. We are aware of data feed issues affecting for childhood immunisations in the local area that has made some practices data appear lower than its actual figure. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 83% to 87%, (the national expected coverage of vaccinations is 90%). The Measles, Mumps and Rubella (MMR) vaccine for five year olds was 98% for Dose 1 compared to 93% within the CCG and 94% nationally, and 80% for Dose 2 compared to 77% within the CCG and 88% nationally.

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

Requires improvement

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 request to be treated by a clinician of the same sex.

Sixteen of the of the 21 patient Care Quality Commission comment cards we received were entirely positive about the service experienced, four contained mixed feedback and one contained negative feedback. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. There was one overlapping concern expressed in two of the less positive patient comment cards which related to the duration or availability of appointments.

We spoke with four patients including two members 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.

Results from the national GP patient survey published July 2017 showed the practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 68% said the GP was good at listening to them compared to the CCG average of 82% and the national average of 89%.
- 72% said the GP gave them enough time compared to the CCG average of 78% and the national average of 86%.
- 84% 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%.
- 67% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and the national average of 86%.
- 80% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 91%.
- 77% of patients said the nurse was good at listening to them compared to the CCG average of 83% and the national average of 91%.
- 80% said they found the receptionists at the practice helpful compared to the CCG average of 78% and the national average of 87%.

The practice had carried out its own survey between September 2016 and January 2017. Three hundred forms were distributed and one hundred and ninety eight were returned. This represented 6% of the practice's patient list. Staff told us 34% of respondents were aged 25-34 years and the remainder 35 years or older. There was no evidence of improvement activity in light of the GP patient or practice survey results related to caring services. For example, results from the practices own survey on the question of "Are you treated with dignity and respect by the GP, nurses or any other health professionals" were 28% very satisfied, 25% fairly satisfied, 20% fairly dissatisfied and 20% very dissatisfied with 7% not sure. Out of all patients that answered this question, 43% were either fairly or very dissatisfied but the practice had not addressed this issue and it was not included on their action plan.

Care planning and involvement in decisions about care and treatment

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

Requires improvement

Are services caring?

Results from the national GP patient survey showed patients responses were generally below average in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 71% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and the national average of 86%.
- 61% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 82% 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%.
- 78% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

The practice was not aware of and could not explain this data. The practice own survey did not include questions relating to care planning or involvement in decisions about care.

We contacted the Local Healthwatch (Healthwatch Newham) team to obtain any further relevant patient feedback. Healthwatch Newham had received feedback from three patients and this feedback was predominantly positive regarding patients' experiences of caring services. (Local Healthwatch collect and analyse the experiences that people have of local care to help shape local services).

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. However, there were no notices in the reception areas informing patients this service was available and staff were unclear about how to connect to and access the service, this service was clarified and we verified it was active and operational on the day of inspection. Patients were also told about multi-lingual staff that might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. 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. The practice had identified 102 patients as carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Written information was available to direct carers to the various avenues of support available to them and carers were offered influenza vaccinations and longer appointments where needed.

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.

Requires improvement

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 a website design in progress to better meet the needs of its working age population for online access to services.

- The practice offered extended hours for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The 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.
- Patients were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and interpreter services available.
- The practice had installed a lift to allow patient access to the first floor.

Access to the service

The practices' opening hours are:

- Monday, Tuesday and Thursday from 9am to 7pm
- Wednesday and Friday from 8.30am to 7pm

The practice closes for lunch every day between 1pm and 2pm and its telephone lines remain open throughout these periods.

GP appointments are available:

- Monday, Tuesday, Wednesday and Thursday 10am to 12.30pm and 3.30pm to 6pm
- Friday 9.30am to 12.30pm and 3pm to 6pm

Appointments include home visits, telephone consultations and online pre-bookable appointments. Urgent appointments are available for patients who need them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 89% found it easy to get through to this surgery by phone which was comparable to the CCG average of 56% and the national average of 71%.
- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 89% found it easy to get through to this surgery by phone which was comparable to the CCG average of 56% and the national average of 71%.

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

The practice had a system to assess:

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

This was done by telephoning the patient in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns but complaints had not been managed effectively.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system such as a complaints poster and leaflets.

We looked at eight complaints received in the last 12 months, four in detail. Some individual complaints were

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

responded to with openness and dealt with in a timely way but others were not dealt with satisfactorily. For example, a complaint from a patient whose medicine changes and referral to a specialist that had been delayed for a year, this issue should also have been identified as a significant event but was not. Notes had been made on the patients' medical file in regards to the complaint as well as separately on the complaints file. The practice response letter to the complainant did not address the key issues satisfactorily and contained no evidence to assure the patient corrective action had been taken to ensure their appropriate care; it made no apology to the complainant and attributed one of the issues to the complainant which was inaccurate because the errors were made by the practice. There was no evidence lessons were learned from individual concerns and complaints or from analysis of trends, action was not taken to improve the quality of care. For example, the attitude of one of the GPs was repeated in complaints and no action had been taken to address this.

Are services well-led?

Requires improvement

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

Our findings

The practice had no clear vision strategy or supporting business plans.

- The practice had a mission statement displayed in the reception area; staff were not aware of it but understood the values of the practice were to be caring. After inspection the practice sent us evidence it had discussed its mission statement with staff September 2017

Governance arrangements

The practice governance arrangement was the lead GP led in all areas and the practice manager was the deputy lead.

- There were gaps in governance arrangements such as ineffective monitoring or improvement of quality and safety through safety alerts response, significant events identification and management and response to complaints and patient survey results.
- There was no formal staffing structure but staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff, some were implemented such as safeguarding but others had had weaknesses. For example, the whistleblowing policy had no guidance in an event of staff concerns relating to senior staff and not all staff were clear about what they would do. Staff induction was not carried out and the COSHH policy referred to safety data sheets but there were none at the practice. After inspection the practice sent us evidence it had updated its whistleblowing policy and notified staff of the location of the policy in September 2017
- An understanding of the performance of the practice was maintained but GP patient surveys results and internal patient survey results had not been used to inform and deliver improvements.
- A programme of continuous clinical audit was used to monitor quality and to make clinical improvements.
- There were gaps in arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, such as fire and electrical equipment safety and maintenance. After our inspection the practice sent us evidence of a log showing some electrical equipment had been safety tested.
- Patient confidentiality was not reliably maintained because patient notes were stored in an unlocked room that was accessible from an unsecured main corridor. Staff told us there were plans to install a key pad entry system but we saw no evidence to confirm this and there was no confidentiality agreement in place for staff. After our inspection the practice sent us evidence it had fitted a lock to the room containing patients notes.
- Practice meeting minutes allowed for learning to be shared but did not contain a method to ensure actions identified follow up.

Leadership and culture

On the day of inspection the leadership in the practice did not consistently demonstrate they had the experience, capacity and capability to run the practice and ensure high quality care but told us they prioritised safe, high quality and compassionate care. Staff told us Lead GP 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) but it was not always implemented and a pattern in complaints relating to a GPs attitude had not been addressed. After our inspection the practice told us they had discussed complaints relating to staff attitude with relevant staff and the PPG to explore solutions on how to address this.

When things went wrong with care and treatment:

- The practice did not always give 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 monthly team meetings but this was not always sustained as none had been carried out in June or July 2017.
- 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. We noted regular team social events were held.

Are services well-led?

Requires improvement

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

- Staff said they felt respected, valued and supported, by the lead GP and practice manager and were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice received feedback and engaged patients in the delivery of the service through the patient participation group (PPG) and survey results, but improvement actions as a result were limited.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys. The PPG met regularly, was involved in patient surveys and submitted proposals for improvements to the practice management team. The practice used PPG feedback to make improvements. For example, it had improved the process for managing when patients did not arrive for appointments on multiple occasions, and for patients needing a longer appointment. However, improvements in light of trends in patient complaints, the NHS Friends and Family test, GP patient survey results and practice survey results had not been made where needed, particularly in relation to caring services.
- The practice had gathered feedback from staff through social events away days and generally through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Continuous learning and improvement activity was limited to clinical auditing.

This section is primarily information for the provider

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • Fire safety • Managing safety alerts • Clinical waste bin The equipment being used to care for and treat service users was not safe for use. In particular: • Equipment electrical safety and calibration **This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **How the regulation was not being met:** The registered person had failed to ensure that any and all complaints received were investigated and that necessary and proportionate action was taken in response to any failure identified by the complaint or investigation. **This was in breach of regulation 16(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** There were no effective systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • Refrigerated medicines • Significant events There were no systems or processes that enabled the registered person to act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular: • Patient survey results There were no systems or processes that ensured the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular: • Patient clinical notes There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • Control of substances hazardous to health (COSHH) There were no systems or processes that enabled the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular: • Staff induction • Meeting minutes **This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**