

Dr R. Samuel and Dr S. Khan

Quality Report

Vicarage Lane Health Centre

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

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 Dr R. Samuel and Dr S. Khan (based at Vicarage Lane Health Centre) on 12 January 2017. Overall the practice is rated as good.

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

- The practice's phone system did not support patients to make appointments and we noted that patient satisfaction was lower than local and national averages regarding phone access. The practice was aware of this issue and could highlight actions being taken to improve phone access.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed with the exception of those relating to immediate access to emergency oxygen masks.
 - Staff assessed patients' needs and delivered care in line with current evidence based guidance.

- Clinical audits demonstrated quality improvement.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
 - Practice management and governance arrangements facilitated the delivery of high-quality person-centred care.

The areas where the provider should make improvement are:

Summary of findings

- Continue to monitor national GP patient survey results which showed that patient satisfaction on phone access and on how nurses treated patients with care and concern, were below national and local averages.
- Review systems for checking emergency equipment.
- Continue to monitor cervical screening uptake rates which were lower than local and national averages.

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



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

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were treated with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Are services responsive to people's needs?

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

- The practice's phone system did not support patients to make appointments and we noted that patient satisfaction was lower than the national average regarding phone access. For example, 32% of patients found it easy to get through to the practice by phone compared to the 73% national average.
- The practice was aware of its performance in this area and could highlight actions being taken to improve phone access; such as providing additional staff to answer phones during peak periods.
- Practice staff reviewed the needs of its local population and engaged with Newham Clinical Commissioning Group to secure improvements to services where these were identified. For example, early morning, late evening and weekend appointments were offered.
- The practice had good facilities such as step free access and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. For example, the practice nurse spoke positively about how they had been supported to enrol in a post graduate nursing course.
- Practice management and governance arrangements facilitated the delivery of high-quality person-centred care.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A register of older patients was maintained and all patients on the register had a care plan and had been given a bypass phone number to a named GP.
- The practice attended monthly Integrated Care meetings with social workers and other health care professionals.
- The practice worked with the local Rapid Response Team to support patients in the community to avoid hospital admissions where possible.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- We noted that the percentage of patients with diabetes in whom the last blood pressure reading was the target 140/80 mmHg or less was 79% (compared to the respective 80% and 78% CCG and national averages).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 71% of women aged 25-64 had a cervical screening test performed in the preceding 5 years compared with 82% nationally. We saw evidence of how the practice was working to improve performance; for example by recruiting a locum practice nurse to provide screening and other nursing services.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- For example, Monday to Friday early morning and late evening appointments were offered in addition to Saturday morning appointments.
- The practice was also part of a network of local practices which allowed patients to access weekend and late evening appointments at other practices in the locality.
- 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



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had also compiled a list of especially vulnerable adults allowing discussion at monthly clinical meetings.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the 84% national average.
- 72% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. We noted that 345 survey forms were distributed and 97 were returned. This represented approximately 2% of the practice's patient list.

- 32% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 64% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 73% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

We saw evidence of how the practice had sought to improve patient satisfaction scores; for example by promoting on line appointment booking and by increasing the number of staff answering phones during peak periods. The practice had also purchased a new phone system but we were told that implementation had been hindered due to incompatibility with the landlord's IT system.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor national GP patient survey results which showed that patient satisfaction on phone access and on how nurses treated patients with care and concern, were below national and local averages.
- Review systems for checking emergency equipment.
- Continue to monitor cervical screening uptake rates which were lower than local and national averages.

Dr R. Samuel and Dr S. Khan

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.

Background to Dr R. Samuel and Dr S. Khan

Dr R. Samuel and Dr S. Khan Surgery (based at Vicarage Lane Health Centre) is located in Stratford, London Borough of Newham, East London. The practice has a patient list of approximately 8,000 patients. Eighteen percent of patients are aged under 18 (compared to the CCG average of 24% and national practice average of 21%) and 7% are 65 or older (compared to the national practice average of 17%). Forty five percent of patients have a long-standing health condition.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The practice holds a General Medical Services contract with NHS England (a contract between NHS England and general practices for delivering general medical services (the commonest form of GP contract)).

The staff team comprises two partner GPs (one male, one female), one female salaried GP, one female practice nurse, one female pharmacist, one female health care assistant a practice manager and administrative/reception staff.

The practice's opening hours are:

- Monday – Wednesday: 8am-8pm

- Thursday 8am – 6:30pm
- Friday: 8am-8pm
- Saturday: 9:30am-12:30pm

Appointments are available at the following times:

- Monday- Wednesday: 9:00am-12:30pm and 3pm-6:30pm
- Thursday: 9:00am – 12:00pm
- Friday: 9:00am-12:30pm and 3pm-6:30pm

The practice offers extended hours opening at the following times:

- Monday, Tuesday, Wednesday, Friday: 6:30pm-8pm
- Saturday: 9:00am-12:30pm

Outside of these times, cover is provided by out of hours provider.

The practice is registered to provide the following regulated activities which we inspected:

Diagnostic and screening procedures; Family planning, Treatment of disease, disorder or injury and Maternity and midwifery services.

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

Detailed findings

and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This location had not been previously inspected.

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 12 January 2017.

During our visit we:

- Spoke with a range of staff (including partner GPs, a practice nurse, practice manager and receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Seven significant events had been recorded since May 2016 and we saw evidence that lessons were shared and actions taken to improve safety in the practice.

For example, following a Saturday morning incident whereby an aggressive patient had threatened reception staff, we noted that the incident had been discussed at a staff meeting and that measures such as a lockable staff "safe haven" room and reduced number of weekend entrances had been introduced, so as to improve staff safety. When we spoke with receptionists, they were aware of these additional measures.

The practice also had an effective patient safety alert system in place, whereby alerts were received by the practice's pharmacist and circulated to staff for action. For example, before our inspection we were aware of a July 2016 drug safety alert which highlighted that certain batches of glucose test strips might give incorrect low blood glucose results that could lead to undetected hyperglycaemia. We saw evidence that the pharmacist had

received the alert, forwarded it to clinicians for information and had also undertaken a computer search which confirmed that none of the practice's patients were affected.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided safeguarding reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to child protection or child safeguarding level 3. We saw evidence that non clinical staff had been trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An annual infection control audit had been undertaken within the last 12 months and we saw evidence that action was taken to address any improvements identified as a result.
- We looked at arrangements for managing medicines in the practice including vaccines. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out

Are services safe?

regular medicines audits, with the support of its clinical pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice's supply of blank prescription forms were securely stored.

- The practice had signed Patient Group Directions (PGDs) in place to allow its practice nurse to legally administer medicines. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We also saw appropriately signed Patient Specific Directions (PSDs) were also on file for the practice's health care assistant. PSDs are written instruction from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

We looked at arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and emergency oxygen. An adult oxygen mask was available but a child oxygen mask could not be located. Shortly after our inspection, we were sent confirmation that adult and child masks were both available. A first aid kit and accident book were available.
- Emergency medicines were 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.
- However, we noted that the emergency oxygen, defibrillator and emergency medicines were stored in different rooms. Staff were aware of their location but we noted that they would not be readily accessible to staff in an emergency. We were told that their location was the result of the manner in which the practice had been allocated clinical rooms at the health centre where it was located.
- We also noted that one of the GP's home visit bag did not contain a blood pressure monitor. Shortly after our inspection, we were advised that a blood pressure monitor had been added to the bag.
- The practice had a comprehensive business continuity plan in place for major incidents such as building damage and we were told that copies were kept off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- We saw evidence that staff had access to protected learning time, so as to update themselves on latest NICE guidelines and use this information to deliver care and treatment that met patients' needs. We also noted that clinical audits were triggered by NICE guidelines.

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 (2015/16) were 97% of the total number of points available with 8% exception reporting (which was above local and national respectively average by 4% and 9%). 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.

Latest QOF data showed:

- Performance for diabetes related indicators was 92% compared to the respective CCG and national averages of 85% and 90%.
- Performance for mental health related indicators was 85% which was below the respective CCG and national averages of 87% and 93%.
- Performance for asthma related indicators was 100% which was above the respective CCG and national averages of 94% and 97%.
- Performance for chronic kidney disease related indicators was 100% compared to the respective CCG and national averages of 92% and 96%.
- Performance for cancer related indicators was 100% compared to the respective CCG and national averages of 95% and 98%.

This practice was not an outlier for any QOF (or other national) clinical targets.

There was evidence of quality improvement including clinical audit

- There had been two clinical audits completed within the last 12 months; one of which was a completed audit where the findings were used by the practice to improve patient outcomes.

For example, in March 2015 the practice audited the number of inadequate cervical smears taken at the practice and noted that 38 (2.16%) were inadequate from 1756 taken. Following training and clinical discussion on best practice, a March 2016 reaudit highlighted that 34 of the 1782 samples taken were inadequate (1.90%).

Effective staffing

Staff had the skills, knowledge and experience 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, for those reviewing patients with long-term conditions, undertaking health checks or using spirometry equipment.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. We saw how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff had received recent training and 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.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 71% (as of 12 January 2017), which was below the latest published CCG average of 79% and the national average of 82%.

The practice was aware of its performance in this area and we saw written evidence that additional practice nurse locum weekly sessions would shortly commence, so as to improve screening uptake.

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

Childhood immunisation rates for the vaccinations given were above the local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 92% and for five year olds ranged from 79% to 94% (the latter of which compared to the 76% to 93% CCG average).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 26 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 four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Comment cards highlighted that reception staff responded compassionately when they needed help and provided support when required. For example, when we asked receptionists how they ensured that vulnerable patients were treated with dignity and respect, they stressed the importance of recognising each patient's individual needs.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs were below national averages. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.

- 82% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 86% and the national average of 95%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 73% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 65% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

On the day of the inspection, we discussed these findings with patients. They told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

The practice manager told us that there had been recent changes in the nursing team and that the current nurse had attended motivational techniques training to help them empower patients to make informed decisions about their care. When we spoke with a newly appointed practice nurse they stressed the importance of recognising that each patient was unique and also, for example, of advising

Are services caring?

patients that the symptom associated with some conditions were not always readily apparent. The practice was confident that it would improve on the relatively low patient satisfaction scores on interaction with nurses.

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

- Staff told us that interpreting services were available for patients who did not have English as a first language (including British Sign Language). We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 50 patients as carers (less than 1% of the practice list). One of the GP partners was the designated 'Carers Champion' and we saw that written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was followed by advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with Newham Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a late evening 'Commuter's Clinic' on Monday, Tuesday, Wednesday and Friday evenings for working patients and others who could not attend during normal opening hours. Saturday morning appointments were also offered.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Baby changing facilities were available.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and interpreting services available.
- The building offered step free access and all treatment rooms were located on the ground floor.
- On line appointment booking and repeat prescription facilities were available.
- As part of a local CCG initiative, the practice was also able to offer late evening and Saturday morning appointments from other local practices in the area.

Access to the service

The practice's opening hours are:

- Monday – Wednesday: 8am-8pm
- Thursday 8am – 6:30pm
- Friday: 8am-8pm
- Saturday: 9:30am-12:30pm

Appointments are available at the following times:

- Monday- Wednesday: 9:00am-12:30pm and 3pm-6:30pm

- Thursday: 9:00am – 12:00pm
- Friday: 9:00am-12:30pm and 3pm-6:30pm

The practice offers extended hours opening at the following times:

- Monday, Tuesday, Wednesday, Friday: 6:30pm-8pm
- Saturday: 9:00am-12:30pm

Outside of these times, cover is provided by out of hours provider.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 32% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

We spoke with four patients who told us that their concerns regarding phone access.

When we discussed phone access with the practice manager and GP partners, they told us that they were aware of the situation and could highlight actions being taken to improve access. For example:

- Promoting online access, providing additional staff to answer phones during peak hours, requesting that patients call outside of the busiest phone period and providing staff training in efficiently dealing with phone enquiries. We were also told that the practice had recently purchased a new telephone system with increased phone lines but that it was not currently in use due to incompatibility with the building's IT system. On the day of our inspection (Thursday 12 January 2017), we reviewed appointments availability on the practice's clinical system and saw that the next urgent appointment was the next day and that the next available routine appointment was Monday 16 January 2017.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and

Are services responsive to people's needs?

(for example, to feedback?)

- The urgency of the need for medical attention.

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.

For example, the home visit protocol entailed a receptionist noting the patient's contact details and reason for the home visit in a log book kept in reception. The GP responsible for the home visits that day would phone the patient prior to leaving to assess the level of urgency. This enabled an informed decision to be made on prioritisation according to clinical need.

Listening and learning from concerns and complaints

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

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

The practice had received six complaints since January 2016. We looked at three complaints in detail and saw that they been dealt with in a timely and open manner. We saw evidence that lessons were learnt from individual concerns and complaints.

For example, a complainant who was unhappy about telephone access received an apology and an explanation about the actions being undertaken to improve telephone access. We also noted that complaints and actions taken to improve the service were routinely discussed at team meetings.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to continually improve the quality and effectiveness of care and to improve patient outcomes. When we spoke with staff, they were aware of how their roles and responsibilities contributed towards delivering this vision.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- Clinical audit took place.

Leadership and culture

On the day of inspection, partners told us that they prioritised safe, high quality and compassionate care. Staff fed back to us that the partners and practice managers were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Records showed that the practice held regular team meetings.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- Staff spoke positively about the practice manager and their inclusive and supportive working culture.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, PPG members spoke positively about how the groups suggestion for reception staff customer care training had been actioned by the practice and had helped improve patients' interactions with reception staff.

The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, reception staff spoke positively about how they had been involved and engaged in improving how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice nurse spoke positively about how the partner GPs had encouraged her to attend a post graduate nursing course. The practice manager gave examples of how their participation in a national clinical software forum had developed their knowledge base and enabled them to provide advanced software based administrative support to clinicians. The recently appointed pharmacist was involved in medicines management activity. The practice was also part of a local GP consortium scheme which provided additional late evening and weekend appointments.