

Lathom Road Medical Centre

Quality Report

Lathom Road Medical Centre,
2a Lathom Road,
East Ham,
London E6 2DU

Tel: 020 8548 5640

Website: www.lathomroadmedicalcentre.co.uk

Date of inspection visit: 29 April 2016

Date of publication: 15/06/2016

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Lathom Road Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lathom Road Medical Centre on 29 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed but some important ones were not, for example fire safety and safety testing of electrical equipment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand; however, patient's complaints information did not include details of the Parliamentary and Health Service Ombudsman (PHSO).
- Improvements were made to the quality of care as a result of complaints and concerns.
- Patients generally said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider must make improvement are:

- Implement robust arrangements for health and safety including fire safety and testing of electrical equipment.
- Ensure robust implementation of Patient Group Directions to allow nurses to administer medicines in line with legislation.

The areas where the provider should make improvement are:

- Ensure annual infection control audits are undertaken.
- Ensure all new staff receive a job description and induction.
- Ensure regular supervision for all clinical staff.
- Review arrangements for patient's privacy at the reception desk.
- Improve patient's telephone access.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- 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.
- Risks to patients were not all assessed and well managed, for example fire safety and electrical equipment testing.
- Staff recruitment processes were generally in place; however, the practice manager did not receive a job description or formal induction.
- Medicines were generally well managed; however, Patient Group Directions had not always been appropriately implemented to allow nurses to administer medicines in line with legislation.
- Annual infection control audits had not been undertaken as there was a gap between audits carried out in May 2014 and April 2016; however, improvement actions identified in 2014 had been carried out.
- The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.

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 at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff; however, the practice nurse had not received regular clinical supervision.

Summary of findings

- 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.

- Data from the national GP patient survey showed patients rated the practice as comparable to others for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect.
- Staff maintained patient and information confidentiality. However, patient's private conversations with staff could sometimes be overheard within the waiting area.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had identified it had a relatively high proportion of patients with diabetes on its register. In response, one of the GPs was specially trained in diabetes and the practice offered weekly diabetes management clinics for patients on site, including insulin initiation for patients who needed it.
- Patients generally said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand; however, information did not include details of the Parliamentary and Health Service Ombudsman (PHSO). After inspection the practice sent us its new patient's complaints form and leaflet which included PHSO contact details.
- Evidence showed the practice responded quickly to issues raised, learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- 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. Arrangements were generally in place to monitor and improve quality and identify risk, with the exception of a few relating to safe care or treatment.
- 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.

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.
- The percentage of patients with rheumatoid arthritis, on the register, who had had a face-to-face annual review in the preceding 12 months was 94%, compared to 91% within the CCG and 91% nationally.
- The practice discussed frail older people at multidisciplinary meetings.
- The practice contacted frail and housebound older patients within 48 hours of a discharge and after any hospital admission in order to arrange appropriate follow up.

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.
- Performance for diabetes related indicators was comparable with the CCG and national averages over all at 90% compared to the CCG average of 87% and the national average of 89%
- 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.
- The percentage of patients with hypertension having regular blood pressure tests was 81%, which was comparable with the CCG and national averages of 84%

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 comparable for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 81% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Two hundred and thirty two patients on the register are diagnosed with asthma, 220 of these patients (95%) currently had an asthma currently review in the last 12 months compared to 75% nationally data from 2014-2015.
- We saw positive examples of joint working with midwives and health visitors.

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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered late evening and weekend appointments to its working patients as well as telephone consultation slots and pre-bookable appointments.
- The practice offered online access for patients to book appointments, request medicines, view blood results and coded medical records.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had 27 patients on the register with a learning disability, 70% of these patients had received an annual health check in the last 12 months.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to CCG average of 87% and the national average of 84%
- Performance for mental health related indicators was 96%, which was comparable to the CCG average at 87% and the national average of 93%
- 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 January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and three forms were distributed and eighty five were returned. This represented 2% of the practice's patient list.

- 57% found it easy to get through to this surgery by phone compared to a CCG average of 61% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76%, national average 85%).
- 79% described the overall experience of their GP surgery as fairly good or very good (CCG average 76%, national average 85%).

- 72% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 66%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received fourteen comment cards, thirteen of which were positive about the standard of care received.

We spoke with nine patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice friends and family test results staff were helpful and treated them care and concern.

Areas for improvement

Action the service **MUST** take to improve

- Implement robust arrangements for health and safety including fire safety and testing of electrical equipment.
- Ensure robust implementation of Patient Group Directions to allow nurses to administer medicines in line with legislation.

Action the service **SHOULD** take to improve

- Ensure annual infection control audits are undertaken.
- Ensure all new staff receive a job description and induction.
- Ensure regular supervision for all clinical staff.
- Review arrangements for patient's privacy at the reception desk.
- Improve patient's telephone access.

Lathom Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Lathom Road Medical Centre

The Lathom Road Medical Centre provides services to approximately 4,800 patients under a General Medical Services (GMS) contract. The nearest station is East Ham London Underground Station.

The practice provides a full range of enhanced services including a diabetic clinic, and child and travel immunisations. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, and diagnostic and screening procedures.

The staff team at the practice includes three GP partners (two male, one working seven sessions and the other four sessions per week, and one female working seven sessions per week), a full time female practice nurse working eight sessions per week, a male locum health care assistant working three morning sessions per week, a full time practice manager working 37.5 hours per week and a team of reception and administrative staff all working a mixture of full and part time hours. The practice manager was newly recruited in January 2016.

The practice has three floors and is located within a converted residential property. The two upper floors are currently staff use and storage only and there is a lift

between the ground and first floors. All patient and consultation areas are on the ground floor and there is a pharmacy adjoined to the rear of the building. The access door between the pharmacist and the practice is currently kept locked; staff told us this was due to misuse of the practice toilet facilities by members of the general public accessing toilets via the pharmacy.

The practice is open between 9:00am to 12:00pm and 4:30pm to 6:30pm every weekday, except on Thursday when the practice closes at 12:00pm. Its telephone lines are open from 8:30am to 6:30pm every weekday except Thursday when they close at 1:00pm. GP Appointments are from 9:30am to 1:30pm and 4:30pm to 6:30pm weekdays except Thursday when they are from 9:00am to 12:30pm. Extended hours are available on site through the Newham GP Co-op service on Thursday from 6:30pm to 8:30pm and on Saturday from 9:00am to 1:00pm. Additional extended surgery hours are offered through a local hub network practices every weekday from 9am until 9.30pm. Patients are directed to the local out of hour's service when the practice is closed. Appointments include pre-bookable appointments, home visits, telephone consultations and urgent appointments for patients who need them.

The practice is located in one of the most deprived areas in England. The area has a lower percentage than the national average of people aged above 65 years (9% compared to 17% nationally). The average male and female life expectancy for the practice is 80 years for males (compared to 77 years within the Clinical Commissioning Group and 79 years nationally), and 82 years for females (compared to 82 years within the Clinical Commissioning Group and 83 years nationally).

Detailed findings

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.

This provider had not been inspected previously.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 April 2016.

During our visit we:

- Spoke with a range of staff (GP partner, 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 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. For example, a patient received the same vaccine on two separate occasions because the first vaccine had not been recorded on the practice's information system. The practice apologised to the patient and assured them they were not at risk of harm, they also followed up internally to establish the reason the previous dose administered by the other provider had not appeared on their records and contacted the said provider to prevent future recurrence.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice changed its induction process for locum GPs to include the process for two week urgent referrals after there had been a delay for a patient requiring an investigation; it also contacted the local out of hour's service to clarify timescales for receiving patient's information.

Overview of safety systems and processes

The practice had some 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 attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and the practice nurse to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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. Annual infection control audits had not been undertaken as there was a gap between audits carried out in May 2014 and April 2016; however, we saw evidence that all actions identified in 2014 had been carried out to address improvements identified as a result, and that the most recent audit had not identify any areas of high risk.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice generally kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to

Are services safe?

allow nurses to administer medicines in line with legislation. However, one PGD had not been signed by the authorising GP and a further three had expired at the end of March 2016. We brought this to the attention of staff and they ensured the unsigned PGD was authorised and signed on the day of inspection, and advised they would undertake to implement updated PGDs immediately. The practice told us they would use Patient Specific Directives (PSDs) and told us they would use PSDs as interim measure instead of PGDs, whilst awaiting updated PGDs. (PSDs are written instructions 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). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The practice did not hold any controlled drugs.

- We reviewed six personnel files and found appropriate recruitment checks had mostly 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. However, the practice manager had not received a job description or formal induction.

Monitoring risks to patients

Risks to patients were not all assessed and well managed.

- Not all procedures were 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, it did not identify local health and safety representatives; however, the practice entered this information on the day of inspection. The practice did not have fire risk assessments or carry out fire drills and electrical equipment checks were overdue from August 2014. We spoke with management staff and they provided evidence that staff were trained in fire safety and electrical equipment checks were booked for June

2016. Staff showed us fire safety guidelines in the health and safety policy; however the information was not sufficiently detailed, there were no nominated leads for fire safety, and fire drills had not been carried out. Clinical equipment was checked to ensure it was working properly and 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. After inspection the practice sent us blank templates it intended to use for a six monthly fire safety risk assessment and fire drills.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and a first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely but there was no diclofenac (for emergency pain relief). Staff told us this could be quickly and easily obtained from the pharmacist if required. After inspection the practice provided evidence they had added emergency pain relief medicine to the emergency medicines box.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available, with 4% exception reporting.

Data from 1 April 2014 to 31 March 2015 showed the practice was an outlier for QOF clinical targets:

- The ratio of reported versus expected prevalence for Chronic Heart Disease (CHD) and Chronic Obstructive Pulmonary Disease (COPD). However, this was due to the practice having a relatively young population.
- The percentage of antibiotic items prescribed that are Cephalosporins or Quinolones. However, the practice had recently conducted a two cycle audit and made improvements in the area.

Data from the same period showed:

- Performance for diabetes related indicators was comparable with the CCG and national averages over all at 90% (CCG average 87%, national average of 89%)
- The percentage of patients with hypertension having regular blood pressure tests was 81%, which was comparable to the CCG and national averages, both 84%

- Performance for mental health related indicators was 96%, which was comparable to the CCG average at 87% and national average at 93%

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored. Information about patients' outcomes was used to make improvements. For example, the practice conducted an audit of adherence to current guidance on prescribing of inhalers for 18 patients with asthma. Evidence of improved prescribing for asthma prevention was seen in the repeated audit as the amount of patients requiring 12 inhalers per year was reduced from ten to six.
- The practice participated in local audits, national benchmarking, accreditation, and peer review. Findings were used by the practice to make improvements such as ensuring its antibiotics prescribing for patients was in line with best practice guidelines.

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. 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,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, and facilitation and support for revalidating GPs; however, the practice nurse had not received regular clinical supervision. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff told us they had been struggling to secure allied health professionals attendance at multidisciplinary (MDT) to discuss, review and update care plans for patients with complex needs. We reviewed notes from MDT meetings held August 2015 and April 2016 with relevant healthcare professionals in attendance where appropriate discussions had taken place. After inspection the practice sent us evidence of CCG confirmation for monthly MDT meetings to take place at the practice commencing July 2016, which had been agreed prior to inspection.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, and those at risk of developing a long-term.
- The practice ran a Lifestyle Management /Weight Loss/ Exercise, and Smoking Cessation Advice clinics.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 81% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77% to 96% and five year olds from 91% to 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs; however, we overheard one patient's private conversation with a receptionist within the waiting area, as both patients and receptionists had to speak loudly to hear each other through the screen.

Thirteen of the fourteen 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; however, four patients said they had difficulty getting an appointment.

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

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

- 78% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 78% said the GP gave them enough time (CCG average 79%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%).

- 73% said the last GP they spoke to was good at treating them with care and concern (CCG average 76%, national average 85%).
- 83% said the last nurse they spoke to was good at treating them with care and concern (CCG average 80%, national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG average 80%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%).
- 78% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%).

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Most information leaflets were available in easy read format; however, the practices' own leaflet was in very small print, it was difficult to read and did not include details of the out of hours service or vision and values of the practice. After inspection the practice sent us a draft of its new leaflet which addressed all of these issues.

Are services caring?

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, for example Newham talking therapies for anxiety stress and depression. Information about support groups was also available on the practice website such as bereavement services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 59 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them for example to a local carers support group.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had identified it had a relatively high proportion of patients with diabetes on its register. In response, one of the GPs was specially trained in diabetes and the practice offered weekly diabetes management clinics for patients on site, including insulin initiation for patients who needed it.

- Extended surgery hours were offered through a local hub network practices every weekday from 9am until 9.30pm and 12.30pm on Saturdays.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately such as Yellow Fever.
- There were disabled facilities, such as wheelchair access and a disabled WC.
- There were baby changing facilities on the ground floor.
- Translation services were available. There was no hearing loop; however, the practice sent us evidence that it had ordered and installed a hearing loop immediately after inspection.

Access to the service

The practice was open between 9.00am and 12.00pm and 4.30pm to 6.30pm every weekday, except Thursdays when the practice closed at 12.00pm. Extended hours were available on site through the Newham GP Co-op service on Thursday from 6.30pm to 8.30pm and on Saturday from 9.00am to 1.00pm. Appointments were from 9.30am to 1.30pm and 4.30pm to 6.30pm weekdays except Thursday when they were from 9.00am to 12.30pm. Extended hours were available on site through the Newham GP Co-op service on Thursday from 6.30pm to 8.30pm and on

Saturday from 9.00am to 1.00pm. Additional extended surgery hours were offered through a local hub network practices every weekday from 9am until 9.30pm. Patients were directed to the local out of hour's service when the practice is closed. Appointments included pre-bookable appointments, home visits, telephone consultations and urgent appointments for patients who needed them.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 57% found it easy to get through to this surgery by phone compared to a CCG average of 61% and a national average of 73%.
- 58% patients said they always or almost always see or speak to the GP they prefer (CCG average 47%, national average 59%).

Ten out of the fourteen comment cards we received and eight out of nine of the patients we spoke to on the day of inspection told us that they were able to get appointments when they needed them. Staff told us the practice had plans to employ more staff to answer calls and for staff to use all resources available, for example the minor ailment scheme, extended hours services, and telephone consultations.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were mostly in line with recognised guidance and contractual obligations for GPs in England; however, patient's complaints information did not details of the Parliamentary and Health Service Ombudsman (PHSO). After inspection the practice sent us its new patient's complaints form and leaflet which included PHSO contact details.
- 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 for example a poster in the reception area.

We looked at five complaints received in the last 12 months, two in detail and found these were dealt with

Are services responsive to people's needs? (for example, to feedback?)

satisfactorily with openness and in a timely way. Lessons were learnt from individual concerns and complaints, and also from analysis of trends, and action was taken as a result to improve the quality of care. For example, the practice contacted a patient whose appointment GP had been changed to provide an explanation and an apology,

the patient was also invited to attend the practice for a follow up appointment to discuss the complaint in person. The appointments system had been changed to ensure patients seeing an alternative GP for a second opinion were informed of the reason.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice did not have a mission statement, but staff knew and understood the practice vision and values through attending regular staff meetings.
- The practice had a strategy and were in the process of formalising supporting business plans with the newly appointed practice manager.

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:

- There was no staffing structure chart, although staff were aware of their own and each other's roles and responsibilities.
- Practice specific policies were generally implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always robust. For example, fire safety, electrical equipment safety testing and infection control.

Leadership and culture

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

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

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

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

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

- Staff told us the practice held regular team meetings and we saw evidence of this.
- 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 team regular team social events were held for staff.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

• The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG told us it had raised the timeliness of repeat prescriptions with the practice and improvements had been made so this was no longer a concern.

- The practice had gathered feedback from staff through staff meetings, appraisals and generally through day to day discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with

Are services well-led?

Good 

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

colleagues and management for example to improve arrangements for patient's prescription collections. Staff told us they felt involved and engaged to improve how the practice was run.

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users, such as fire safety and electrical equipment safety testing.</p> <p>The registered person had not ensured robust implementation of Patient Group Directions to allow nurses to administer medicines in line with legislation.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>