

# Custom House Medical, Teaching and Training Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



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 Custom House Medical Teaching and Training Practice on 14 December 2016. Overall the practice is rated as requires improvement.

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

- Data showed patient involvement was low compared to the national average. For example, 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% national average of 82%.
- QOF performance for long term conditions was below the national average particularly for diabetes and mental health.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Patients said they found it difficult to make an appointment.

- Some patient said they did not find the PPG an open and transparent group and sought representation from a local advocacy group to take their views to the practice.
- 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.
- 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.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

# Summary of findings

- Ensure the proper and safe management of medicines.
- Improve GP patient survey results to ensure better patient satisfaction.
- Improve QOF performance particularly for long term conditions.

**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.

### Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were lower in certain areas compared to the national average. For example, performance for diabetes related indicators was below the national average. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 68% against the national average of 88%.
- Performance for mental health related indicators was also below the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 53% against the national average of 88%.
- 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.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However, the practice's achievement was lower than the Clinical Commissioning Group (CCG) and national averages for its satisfaction scores for several aspects of care. For example, 52% 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%.
- 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.
- There was an established PPG group, but some patients did not find it easy to join the group.

## Are services responsive to people's needs?

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

Requires improvement



- 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. For example, 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 79%.
- There were urgent appointments available the same day and the appointment system had been changed to improve access. However, the practice's achievement was lower than the national averages for its satisfaction scores. For example 22% of patients found it easy to get through to this practice by phone compared to the national average of 73%. Fifty two per cent of patients said they would recommend this GP practice to someone who has just moved to the local area below the national average of 79%.
- 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 their patients were at high risk of contracting Tuberculosis (TB) and as part of the TB Newham CCG Project, they offered screening for all patients who had been abroad in the last 12 months. In the last 12 months, 40 patients had been screened and four patients had been identified as positive who were undergoing treatment.

# Summary of findings

- 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 and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision and 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.
- 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.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

**Good**



- 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.
- An alert on patient records highlighted elderly patients who were particularly vulnerable.

### People with long term conditions

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

**Requires improvement**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were low for long term conditions compared to the national average. For example, performance for diabetes related indicators was below the national average. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 68% against the national average of 88%.
- Performance for mental health related indicators was also below the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 53% against the national average. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There were alerts for long term conditions on patient records.
- 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 practice had online appointment booking and prescription requests.
- The practice had a palliative care register which was reviewed monthly.

# Summary of findings

## Families, children and young people

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

Good



- 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 to CCG and national averages 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.
- At 80%, the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was comparable to the CCG and national averages of 80% and 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children and babies were prioritised for same day appointments.
- We saw positive examples of joint working with health visitors.
- Having recognised the need to increase the number of teenagers attending the practice one of the GPs ran a teenage adolescent clinic. An invitation to attend the clinic was sent out to all patients on their 13th birthday. The clinic promoted teenage health and sexual health and encouraged them to attend the clinics.

## 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).

Good



- 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.
- Same day appointments were available.
- The practice was open from 7am and 6.30pm Tuesday to Friday. Extended open hours were offered on Monday from 8am to 6.30pm and then from 6.30pm to 7.40pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.



# Summary of findings

- Telephone consultations were available.
- Online appointment booking and prescription requests was available.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There was also an alert on the patient records where a patient was identified as vulnerable.
- 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 requires improvement for the care of people experiencing poor mental health (including people with dementia).

Requires improvement



- 53% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015). This was below the CCG average of 83% and the national average of 88%.
- Patients with severe mental health conditions were offered weekly appointments with a named GP.
- 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.

## Summary of findings

- 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.
- The practice ran a counselling service, the counsellor was employed directly by the practice and ran sessions three times a week.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 6 January 2016. The results showed the practice was performing in line with local and national averages but significantly lower in some areas. Three hundred and thirty two survey forms were distributed and 106 were returned. This represented a 31% response rate.

- 22% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 56% 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%.
- 58% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 52% 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%.

In response to the low performance the practice informed us that on the 31 October 2016 they had implemented a

new appointment system. Patients could book appointments at the practice, online and via phone four weeks in advance. In regards to emergency appointments, there were at least 25 emergency appointments available with the duty GP. Previously patients were queuing up as no pre-bookable appointments were available. Monday was identified as the busiest day, so the practice had an additional GP on duty and the number of patients queuing outside the practice had significantly reduced which the practice was monitoring on a daily basis.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Out of the 37 patient Care Quality Commission comment cards we received, 21 were positive about the service experienced and informed the availability of appointments had improved since the introduction of the new appointments system. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Fifteen raised concerns about appointments and one highlighted their negative experience.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure the proper and safe management of medicines.
- Improve GP patient survey results to ensure better patient satisfaction.
- Improve QOF performance particularly for long term conditions.

# Custom House Medical, Teaching and Training Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

## Background to Custom House Medical, Teaching and Training Practice

The practice is based at 16 Freemasons Road, Custom House, London, E16 3NA. The practice is situated in a residential area and car parking is available to the front and rear of the premises. The practice is well served by local buses and good train links. The practice is purpose built and provided mobility impaired access.

The practice staff included one male GP and female GP partners carrying out 16 session per week, three salaried GPs, two male and one female carrying out 15 sessions per week, one long term female locum GP carrying out six to seven sessions per week. Three female practice nurses completing 70 sessions per week, one female healthcare assistant completing 10 sessions per week. The practice also has a practice manager and a team of reception/ administrative staff.

The practice is open from 7am to 6.30pm Tuesday to Friday. Extended opening hours were offered on Monday evenings with the practice open until 7.40pm. In addition pre-bookable appointments could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Outside of these hours, cover was provided by the out of hours GP service which operated from 6.30pm until 8am seven days a week and the NHS 111 service.

The practice is a training practice and currently has one GP registrar.

Custom House Medical Teaching and Training Practice is one of a number of GPs covered by Newham Clinical Commissioning Group (CCG). It has a practice list of around 11200. The practice's patient population has an above average number of adults aged between 30-39

In terms of deprivation, Newham is in the most deprived decile.

The practice provides the following regulated activities;

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

# 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.

The practice had not been inspected before.

## 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 14 December 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses and reception/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.
- 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, following an incident where a patient requested a home visit. The patient did not receive a visit as the wrong patient was added to the GP on call list. The incident was discussed at the clinical and practice meetings to ensure all patients were correctly added to the list. There had not been a repetition of such an incident since.

National patient safety alerts were disseminated by email and discussed in clinical meetings and then placed onto the practice computer system, which all staff had access to. We saw that the practice had responded to Medicines and Healthcare Products Regulatory Agency (MHRA) alerts to ensure best practice. The practice shared with us a schedule of audits which demonstrated audits completed in response to patient safety alerts. For example, the practice had completed a clinical audit following an alert on Domperidone, a drug prescribed to relieve nausea and vomiting.

### 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 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. Nurses and the healthcare assistant were also trained to level 2. Non-clinical staff were trained to level 1.
- A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. Information about chaperones was available in the practice leaflet. 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. Two of the practice nurses were the infection control clinical leads 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 were undertaken. The most recent was in June 2016 and the practice achieved a compliance score of 94%. We saw evidence that action was taken to address any improvements identified as a result. For example, the audit identified that all staff including the cleaner must complete infection control training, which had been completed. The audit also identified that the reception area carpet must be deep cleaned, which had been completed in October 2016.
- The arrangements for managing medicines, in the practice overall kept patients safe. We found one vial of

## Are services safe?

local anaesthetic was out of date. There were no other medicines that were out of date and the practice had maintained an audit trail of medicines checks. The practice informed us was an oversight and the practice nurse immediately destroyed the drug.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Prescription pads were kept in a locked cupboard in reception, pad numbers were logged in on receipt and out when taken by a GP or nurse. The practice manager checked uncollected prescriptions weekly. Prescriptions which were older than one week were returned to the GP to follow up with the patient.
- 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. The practice had employed a clinical pharmacist working at the practice three times a week as part of a NHS England pilot aiming to optimise treatment. The clinical pharmacist worked to the principles of Medicines Optimisation and the NICE Medicines Optimisation Guidelines. The clinical pharmacist therefore conducted medication reviews and developed integrated pharmaceutical care plans for individual patients. They also managed patients with more complex long term conditions such as asthma.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs provide a legal framework that allows registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a GP. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber (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).
- 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.

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 an up to date fire risk assessment, with the most recent completed in October 2016. Regular fire drills were undertaken with the last one completed in September 2016. Portable appliance testing had been completed in January 2016.
- 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 last test was carried out in January 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) which was completed in May 2016 and required the practice to monitor water outlets on a monthly basis.
- 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. Cover for sickness, holidays and busy periods was provided by a long term locum GP, who had been with the practice for over two years.

### 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

### Monitoring risks to patients

## Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All these emergency medicines we checked were in date and stored securely.
- 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. Copies were available on the practice's computer system and in the employee handbook.



# 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 risk assessments, audits and random sample checks of patient records.
- Clinical staff attended monthly protected time initiatives funded by the CCG. They also attended locality meetings which were attended by other local practices. Clinical guidelines and protocols were discussed at both of these meetings. All clinicians fed back summaries of learning from all events they attended at practice meetings.

### 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 83% of the total number of points available with an exception reporting rate of 7%, (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2014 to 31 March 2015 showed:

- Performance for diabetes related indicators was below the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 68% against the national average of 88%.

- The percentage of patients on the register who had had an influenza immunisation in the preceding 1 August to 31 March was 98% against the national average of 94%.
- Performance for mental health related indicators was below the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 53% against the national average of 88%.

The figures for QOF 2015/2016 were also below the national averages. The practice acknowledged that the figures were low and they informed us that since October 2016, the practice had introduced a diabetic clinic taking place twice a week. They had designated a diabetic lead nurse and a GP to lead on the diabetic clinics. They also informed us that due to a high staff turnover in the last two years their performance had been effected. However, with the recruitment of a new practice manager and actively seeking to recruit two nurse practitioners the vision was that this would support the practice in improving their QOF performance.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years and improvements were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of a clinical audit included improving patient outcomes diagnosed with depression and included comparing the practice's management of depression with the gold standards set out by NICE. The practice checked to find out if they had followed NICE guidelines. During the first cycle in December 2015, 23 patients were selected and it was found that for 87% of these patients NICE guidelines had not been complied with. To improve the figures, depression was graded by GPs into mild, moderate and severe, all patients were asked about suicide intent and a stepwise treatment pathway was used. During the

# Are services effective?

## (for example, treatment is effective)

second cycle in November 2016, 25 patients were selected and there was an improvement with the practice adhering to NICE guidance recommendations for treatment and depression for all these patients.

Information about patients' outcomes was used to make improvements such as: improved management of patients referred through the two week cancer referral scheme. The practice made direct phone calls to every patient referred to ensure they had been seen after the referral was made. This meant more patients with cancer referrals could be monitored and supported at the practice rather than at external services.

### 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, nurses also attended regular update training in cervical screening and immunisation. All clinical staff were encouraged to attend local monthly protected education events where they received education and updates from the Clinical Commissioning Group (CCG).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Most of the staff had received an appraisal within the last 12 months whilst other were booked to undergo an appraisal in the next few weeks.

- 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. For example all discharges and A&E attendances were reviewed to identify any necessary changes to be made to their care plans. Once the practice became aware of an A&E attendance or discharge, any patients who were on the list were contacted by telephone or seen in person by a GP and/or the community matron.

Multi-disciplinary team (MDT) meetings took place on a monthly basis where care plans were routinely reviewed and updated for patients with complex needs. Health visitors were invited and were also communicated with via telephone on a daily basis.

The practice kept a list of all patients who were at risk of unplanned admissions to hospital, as of October 2016 there were 246 patients on the avoidable unplanned admissions register. A risk assessment was carried out monthly to identify any new patients to add to the list. These patients were discussed at the monthly MDT meetings.

Palliative care meetings took also took place on a monthly basis and palliative care nurses from the local hospice attended and discussed patients on the palliative care register (there were currently 15 patients on the register) as well as any patients that needed to be added.

# Are services effective?

(for example, treatment is effective)

Pathology results were directed to the requesting GP, if the GP was not available the results would go to the on call GP to ensure action was taken. With the patients consent, all referrals were shared electronically.

## 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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and substance misuse. Patients were seen in specialist clinics run by the practice itself or were signposted to the relevant local service. For example the practice ran a counselling service from the practice. The counsellor was employed directly by the practice and ran sessions three times a week.

- Patients identified as requiring extra support were flagged on the computer system and prioritised for appointments.

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 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different 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 comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 23% to 94% and five year olds from 73% to 98%.

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. The practice manager kept lists of patients with conditions such as learning disabilities, mental health and long term conditions. This included the dates reviews were due and whether a referral had been made if the patient had failed to attend their review. 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.

Out of the 37 patient Care Quality Commission comment cards we received, 21 were positive about the service experienced and informed the availability of appointments had improved since the introduction of the new appointments system. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Fifteen raised concerns about appointments and one highlighted their negative experience. The practice acknowledged the comments and informed they had recently made changes to the appointment system.

We spoke with three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. PPG meetings took place four times a year and took place on a Saturday and there was always a GP in attendance. The PPG group told us the main issues previously had been GP recruitment and patients queuing up outside the practice which was due to lack of available appointments in advance. In consultation with the PPG and since the start of the new practice manager the appointment system had been changed, which had reduced the number of patients queuing outside the practice in the mornings. However, patient satisfaction surveys had not been completed by the practice to monitor improvements and patient satisfaction rates.

The PPG informed they helped achieve positive changes for example they had arranged coffee mornings for charity and

all patients were invited. They had also asked for privacy glass in one of the reception windows for privacy and the safety of staff, which was fitted. The PPG informed us things were improving.

We spoke to two further patients who raised some concerns regarding their experiences of the PPG. They informed that they had found the PPG a closed group and found it very difficult to get their items on the agenda. They also informed that this had resulted in some patients seeking support from a local advocacy group to help them represent their views. We discussed this with the practice who took the comments on board and said they would be looking at ways to increase membership and make the group more open and transparent.

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

- 79% 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 88%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 86%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 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%.
- 76% 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

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

## Are services caring?

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:

- 80% 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%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% national average of 82%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% national average of 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.

- 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 138 patients as carers (1% of the practice list size). A poster on display in the waiting area advised patients to identify themselves to the practice if they were carers. Patients who were carers were flagged on the practice's computer system and prioritised for appointments where necessary. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, having recognised the need to increase the number of teenagers attending the practice, one of the GPs ran a teenage adolescent clinic. An invitation to attend the clinic was sent out to all patients on their 13th birthday. The clinic promoted teenage health and sexual health and encouraged them to attend the clinics.

The practice had also identified that their patients were at high risk of contracting Tuberculosis (TB) and as part of the TB Newham CCG Project, they offered all patients who had been abroad in the last 12 months screening for TB. In the last 12 months 40 patients had been screened and four patients had been identified as positive who were undergoing treatment.

- The practice offered evening appointments until 7.40pm on Mondays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- 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.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open from 7am and 6.30pm Tuesday to Friday. Extended open hours were offered on Monday from 8am to 6.30pm and then 6.30pm to 7.40pm. In addition to pre-bookable appointments could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Outside of these hours, cover was provided by the out of hours GP service

which operated from 7pm midnight, seven days a week and the NHS 111 service. Information about out of hours services was available in the practice leaflet and was on display in the reception area.

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.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 79%.
- 22% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% the national average of 73%.

In response to the low number of patients finding easy to get through on the phone, the practice informed that on the 31 October 2016 they had implemented a new appointment system. Patients could book appointments at the practice, online and via phone four weeks in advance. In regards to emergency appointments, there were at least 25 emergency appointments available with the duty GP. Previously patients were queuing up as no pre-bookable appointments were available. Monday was identified as the busiest day, so the practice had an additional GP on duty. However, patient satisfaction surveys had not been completed by the practice to monitor improvements and patient satisfaction rates.

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

The practice had a system in place to assess:

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

Patients who required a home visit were advised to contact the practice before 10am. The GP would then contact the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. The practice advised that children should be brought in to the practice as they would be prioritised for appointments rather than waiting for a home visit. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

# Are services responsive to people's needs?

(for example, to feedback?)

## 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, information was available in the practice leaflet which was on display and given to new patients. A comments and complaints box was in reception.

We looked at nine complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. 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, in response to a complaint concerning a repeat prescription, the patient was written to with an apology and a description of the action that would be taken. The complaint was discussed at a practice meeting and the need for tact when discussing sensitive issues with patients was highlighted.

# 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's mission statement was to provide holistic, patient centred evidence based, no judgemental care, respecting the patients autonomy and their beliefs without discrimination, to achieve the best possible health outcomes for patients, their carers, families and the community at large.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

Although there was a developing governance framework to support the delivery of the strategy and good quality care, this did not include arrangements to monitor and improve quality and identify risk. For example,

- QOF performance for long term conditions was below the national average particularly for diabetes and mental health.
- 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.
- Improvements had been made, and there was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, recent action taken as a result of a clinical audit included improving patient outcomes diagnosed with depression and included comparing the practice's management of depression with the gold standards set out by NICE.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

Although the practice had undergone an extensive turnover of staff, losing five partners in the last few years, they had recently recruited a practice nurse, a practice manager and were actively recruiting two nurse practitioners as well as GP partners. They informed us they were struggling to recruit additional GP partners but informed they had started to stabilise the staff team, with one of the GP partners registering to become the new registered manager. They had increased GP cover on busy days and had changed the appointment system. Evidence of increased patient satisfaction with the appointment system was highlight in patient comment cards as well PPG feedback.

On the day of inspection one of 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. GPs encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by one of the GP partners in the practice. All



# Are services well-led?

Good 

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

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 complaints received. The PPG met regularly, and submitted proposals for improvements to the practice management team. For example, the appointment system had been changed in consultation with the PPG so that patients could book appointments four weeks in advance.

- The practice had gathered feedback from staff 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.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Examples included a pilot which focussed on reducing tuberculosis by offering patients screening if they had been abroad in the last 12 months. In response to the NHS England pilot to test the role of clinical pharmacist in general practice the practice had recruited a clinical pharmacist who worked at the practice three days a week. The pilot was developed by NHS England, Royal Pharmaceutical Society, Health Education England, Royal College of General Practice and British Medical Association. The role incorporated, for example medicines management and quality improvement, with a focus on improved patient safety and outcomes.