

Dr KM Al-Kaisy 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?

Requires improvement



Are services effective?

Requires improvement



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	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr KM Al-Kaisy Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr KM Al-Kaisy Practice on 17 May 2016. Overall, the practice is rated as requires improvement.

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

- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However non-clinical staff had not received training on safeguarding children or vulnerable adults relevant to their role.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks and fire safety.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, verbal complaints were not always recorded.

- Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.
- The practice had a number of policies and procedures to govern activity, however not all policies were being followed.
- Data showed patient outcomes were comparable to the national average.
- Patients said they were treated with compassion, dignity and respect.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure there are systems in place to monitor and manage risk to patient and staff safety, including fire safety.
- Ensure that there are systems in place to manage staff training for their roles so that staff have the skills and knowledge to deliver effective care.

In addition the provider should:

Summary of findings

- Review and update procedures and guidance.
- Ensure there is a programme of continuous clinical and internal audits being used to monitor quality and to make improvements.
- Review patient access to a female GP.

- Review the complaints process and systems.

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.

- Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, there was no fire risk assessment in place and the business continuity plan did not include up to date staff contact details or information about local services.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, we found that risk assessments had not been carried out for Disclosure and Barring Service (DBS) checks on non-clinical staff carrying out chaperoning duties. We found that non-clinical staff had not completed safeguarding training.
- The practice did not take appropriate recruitments checks prior to staff employment, including no record of DBS checks completed for nursing staff.
- 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.

Requires improvement



Are services effective?

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

- Clinical staff had the skills, knowledge and experience to deliver effective care and treatment. However, the practice could not demonstrate how non-clinical staff stayed up to date with training.
- There was some evidence of appraisals and personal development plans for staff. However, the practice could not demonstrate that all staff had received an annual appraisal in the past 12 months.
- There was some evidence of clinical audits being carried out which was used to improve services.

Requires improvement



Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- 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.

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 similar to others for several 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, and maintained patient and information confidentiality.

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 provides family planning, contraceptive and the Yellow Fever vaccination to all patients in the local CCG.
- Patients said they could make an appointment with a GP when they needed one 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 and evidence showed the practice responded quickly to issues raised. However, the practice could not demonstrate that learning from verbal complaints was shared with staff.

Good



Are services well-led?

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

- There was a governance framework which supported the delivery of the strategy and good quality care. However,

Good



Summary of findings

improvements were required in the monitoring of risk and the quality of services. The systems for managing staff training were inconsistent and management did not have oversight of staff training requirements or needs. Non-clinical staff were undertaking chaperoning duties but a risk assessment for DBS had not been carried out.

- The practice had a number of policies and procedures to govern activity. However, we found they were not always followed. For example, the fire safety policy stated that fire safety training to be included in the induction programme of newly appointed staff, but this had not been actioned.
- The practice had a vision and a strategy and staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and staff felt supported by management.
- 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 patients through the patient reference group.

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 rate as requires improvement for the care of older people. The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice.

- 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.

Requires improvement



People with long term conditions

The practice is rate as requires improvement for the care of people with long term conditions . The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice.

- Clinical 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 similar to the national average. For example, 98% of diabetic patients had a record of a foot examination and the risk classification within the preceding 12 months, compared to CCG average of 91% and national average of 88%.
- 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.

Requires improvement



Summary of findings

Families, children and young people

The practice is rate as requires improvement for the care of Families, children and young people. The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice.

- Not all staff had training in child safeguarding, although they were aware of their responsibilities in informing the lead GP of concerns.
- Immunisation rates were mixed, for example vaccinations given to under two year olds ranged from 58% to 90%.
- 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.
- 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 82%, which was comparable to the CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The practice is rate as requires improvement for the care of Working age people (including those recently retired and students). The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice.

- The practice offered appoints with the practice nurse on Saturday between 9.00am and 1.00pm.
- 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.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of People whose circumstances may make them vulnerable. The provider was rated as good for caring, responsive and well-led and requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, examples of good practice.

- Not all staff had completed training in adult safeguarding. 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.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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.

Requires improvement



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

- Staff had not received training on dementia and the non-clinical staff had not received training on how to care for people with mental health needs.

There were, however, examples of good practice.

- 95% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, which was comparable to national average of 88%.

Requires improvement



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and ninety seven survey forms were distributed and 102 were returned. This represented 2% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 63% 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%.
- 78% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 69% 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%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 patient Care Quality Commission comment cards and 27 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. Two comment cards stated it was difficult to get an appointment when needed and the waiting times were long.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure there are systems in place to monitor and manage risk to patient and staff safety, including fire safety.
- Ensure that there are systems in place to manage staff training for their roles so that staff have the skills and knowledge to deliver effective care.

Action the service **SHOULD** take to improve

The provider should:

- Review and update procedures and guidance.
- Ensure there is a programme of continuous clinical and internal audits being used to monitor quality and to make improvements.
- Review patient access to a female GP.
- Review the complaints process and systems.

Dr KM Al-Kaisy Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr KM Al-Kaisy Practice

Dr Al-Kaisy Practice provides primary medical services to approximately 4750 patients. The practice is in a purpose built building located in a residential area of Dagenham and is commissioned by Barking and Dagenham Clinical Commissioning Group (CCG). The practice holds a General Medical Services (GMS) contract with NHS England. The practice is registered with the Care Quality Commission to provide the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery services, surgical procedures and family planning. The practice runs a number of services for its patients and patients in the CCG including family planning services and the practice is a Yellow Fever Centre.

The practice has two male GP partners providing 14 GP sessions a week. The practice employs two part time female nurses providing seven nursing session per week. There is one practice manager and five administration staff.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12.00 every morning and 3.30pm to 6.00pm daily, with the exception of Thursday and Friday when appointments are available from 8.00am. Telephone consultations are between 1.30pm and 2.00pm. The practice is closed on Thursday from 1.30pm. Nurse appointments are available during the week and on Saturday between 9.00am and 1.00pm. In addition

to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments and telephone consultations are also available for people that need them on the day. Out of hours service are delivered by a different provider, which could be accessed by calling the surgery telephone number.

Information taken from the Public Health England practice age distribution shows the population distribution of the practice is similar to that of other practices in CCG. The life expectancy of male patients is 76 years, which is lower than the CCG average of 77 years and the national average of 79 years. The female life expectancy at the practice was 81 years, which is the same as the CCG average and lower than national average of 83 years.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

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.

Dr KM Al-Kaisy Practice was not inspected under the previous inspection regime.

Detailed findings

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 17 May 2016. During our visit we:

- Spoke with a range of staff (receptionists, nursing staff and GPs) 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, we saw that one of the fridges in the practice had gone out of range overnight. The practice immediately removed all the vaccines from the fridge into another fridge and contacted the appropriate medicines team at the CCG. They followed the recommendations of the CCG. As a result, the practice have two different devices to measure the temperatures of each of the fridges to ensure that if one is giving a false reading they can use the other. We also saw that the practice had put into place twice-daily checks of the fridge temperatures.

Overview of safety systems and processes

The practice had 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 however; non-clinical staff had not received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to safeguarding level 2.

- Non-clinical staff who acted as chaperones told us they had received in house training from the practice nurse for the role and could give examples of what they would be doing when they were chaperoning. However, we found that the practice had not carried out a risk assessment for not having a Disclosure and Barring Service (DBS) check for these staff. (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 manager was the infection control lead. There was an infection control protocol in place and annual infection control audits were undertaken. We saw a recent audit had taken place in May 2016, which had identified some improvements as a result. For example we saw that it was identified that infection control training should be included into the induction training for all newly employed staff. We saw that infection control training had not been included in the documented induction programme and that the practice had not organised infection control training for staff.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice 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

Are services safe?

there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed six personnel files and found appropriate recruitment checks had not been undertaken prior to employment of clinical and non-clinical staff. For example, there were no records of: proof of identification, references, qualifications, registration with the appropriate professional body and there were no records of the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and 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 did not have a fire risk assessment to identify and mitigate risks associated with fire. Staff told us they carried out fire alarm tests once a week but there were no records of this. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had carried out a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of administrative staff needed to meet patient's needs.

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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. However, the plan did not include emergency contact details of staff or details of local services they may need to contact in case of an emergency.

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.

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 98.7% of the total number of points available. The practice was not an outlier for exception reporting in any of the clinical domains. (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 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 98% of diabetic patients had a record of a foot examination and the risk classification within the preceding 12 months, compared to CCG average of 91% and national average of 88%.
- Performance for mental health related indicators was similar to the national average. For example, 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records in the preceding 12 months, compared to CCG average 89% and national average 88%.
- 95% of patients diagnosed with dementia had had a face-to-face review in the preceding 12 months, compared to CCG average and national average of 84%.

There was some evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, we saw the practice had carried out an audit in response to recommendations from NICE guidance on prescribing patients with heart failure with ACE inhibitors, a medicine that treats high blood pressure. The practice had completed an audit in June 2015 and found all patients with heart failure, were prescribed the blood pressure lowering drug. However, to ensure that the practice continued to maintain this, the practice re-audited this in December 2015 and found they were still achieving 100%. In order to monitor and sustain the improvements the practice had planned to re-audit in December 2016.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

The practice could not demonstrate that all staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed non-clinical staff. However, this only covered such topics related to administration tasks. Topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality were not covered as part of the induction programme.
- The practice management team could not demonstrate that all staff had received training in safeguarding, fire safety awareness and information governance. The practice management team told us that staff had access to and made use of e-learning training modules. However, the practice manager did not have oversight of what training staff were undertaking or completing and on the day of inspection could not provide evidence to show recent training staff had undertaken.
- The practice manager told us that the learning needs of staff were identified through meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to

Are services effective?

(for example, treatment is effective)

cover the scope of their work. This included ongoing support, one-to-one meetings, access to online training and clinical supervision and facilitation. Staff had received appraisals in the past 12 months.

- The practice could demonstrate how they ensured role-specific training and updating for clinical staff. For example, for those reviewing patients with long-term conditions and those providing advice on lifestyle changes and family planning.
- 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.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff 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. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 80% 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. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were mixed. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 58% to 90% and five year olds from 60% to 83%.

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.

We received 29 patient Care Quality Commission comment cards and 27 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. Two comment cards it was difficult to get an appointment when needed and the waiting times were long.

We spoke with two patients on the day of the inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice had mixed response to these questions compared to CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 75% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and the national average of 95%.

- 75% 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%.
- 91% 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%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% 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 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 mixed when compared to local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 72% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 81% and the 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

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 77 patients as carers (1.6% of the practice list). A poster in the reception desk asked patients to identify themselves to reception staff if they were carers or had a carer. The practice also

offered the flu vaccination and health checks to all carers. We saw that 20 carers had had their flu vaccination. 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, the practice offers family planning and contraceptive service for all patients in the Barking and Dagenham CCG. The practice is also a Yellow Fever Centre and therefore can provide the yellow fever vaccine to patients in the CCG.

- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were translation services available and the clinical staff could speak additional languages. There was disabled access and baby changing facilities, although there was no dedicated disabled toilet. There was no hearing loop to assist patients with a hearing impairment.
- People could book appointments and order prescriptions on the internet and in person.
- Appointments were offered to patients with no fixed address. Staff told us they supported those patients by registering them with a temporary address, and they also signposted them to appropriate services.
- Long term conditions dedicated clinics were held every Thursday with lead GP and nurses.
- All patients with long term conditions or who are vulnerable, including older people had been allocated a designated GP to oversee their care and treatment. However, these patients were also able to see a doctor of their choice as well.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.00am every morning and 3.30pm to 6.00pm daily, with

the exception of Thursday and Friday when appointments were available from 8.00am. Telephone consultations were between 1.30pm and 2.00pm. The practice was closed on Thursday from 1.30pm. Nurse appointments were available during the week and on Saturday between 9.00am and 1.00pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments and telephone consultations were also available for people that needed them on the day.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and national average of 73%.
- 63% of patients said they were able to get an appointment to see or speak to a GP or nurse the last time they wanted to, compared to CCG average of 65% and national average of 76%.

We did not see evidence of how the practice was working to improve telephone access to patients or how they were improving the availability of appointments to patient when they needed them.

People told us on the day of the inspection that they were able to get appointments when they needed them. However, two CQC comment cards said it was difficult to get an appointment when needed and the waiting times were long.

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. Staff told us the GP would telephone 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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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

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

We looked at three written complaints received in the last 12 months and found they were satisfactorily handled.

Lessons were learnt from individual concerns and

complaints. For example, we saw that a patient were not always informed of test results. As a result, the practice put in place a new system to contact all patients with abnormal results as per practice policy and booked in for an appointment. Patients who were not contactable, their details were now entered into a communication diary, stating when patients were contacted and this was reviewed weekly until contact with patient is made.

However, we found that not all complaints were being recorded and that there wasn't a system in place for recording verbal complaints. The Practice manager kept a personal record of comments and verbal complaints that had been received in the last 12 months but these were not shared with other members of the team.

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 had a mission statement and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. However, some improvements were required:

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there was no fire risk assessment in place, although staff told us weekly fire alarm tests were carried out, but they did not keep a record of the tests and the outcomes. There were no systems to risk assess DBS checks for non-clinical staff carrying out chaperoning duties. Staff recruitment processes did not ensure all the required checks were completed.
- Although there was some evidence of clinical and internal audits being carried out, the practice could not demonstrate a programme of quality improvement including clinical and internal audits was being used to monitor quality and to make improvements.
- There was a staffing structure and staff were aware of their own roles and responsibilities. However, there were no systems in place to monitor or manage staff training. The management team had no oversight of the training requirements for individuals to carry out their roles and lacked any record keeping.
- Practice specific policies were available to all staff; however we found that they were not always implemented. For example, the fire safety policy stated that the fire safety training be part of the induction programme for new staff. However, we did not see evidence of this training in the induction plan.
- A comprehensive understanding of the performance of the practice was maintained.

Leadership and culture

The management team 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). 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 records of verbal interactions as well as written correspondence.
- Learning outcomes were shared with staff to reduce the chance of issues recurring.

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 these had been documented through reviewing the meeting minutes.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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 reference group (PRG) and through surveys and complaints received. The PRG met twice a year, carried out patient surveys and submitted proposals for improvements to the practice

Are services well-led?

Good 

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

management team. For example, we saw a patient survey had been carried out between July and December 2015. There were 238 completed surveys and a review had been completed in March 2016. We saw that patients satisfaction with surgery opening hours had reduced compared to last year's survey results. Staff told us that they believed patients needed more access to appointments in the morning and late in the evening. The management team told us they were in discussion with the GPs to extend the opening hours.

- The practice had gathered feedback from staff through staff meetings and discussions. Although staff could not give us examples, they told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 Surgical procedures 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.</p> <p>They had failed to identify the risks associated with not carrying out fire risk assessments and the lack of safeguarding training for non-clinical staff.</p> <p>The provider had not risk assessed staff needing a DBS check to carry out chaperoning duties.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The provider failed to provide mandatory training and support for all staff.</p> <p>This was a breach of regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

The provider had failed to ensure that necessary pre-employment checks had been completed on staff specific to schedule three.

This was a breach of regulation 19 (3) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.