Care Quality Commission

Inspection Evidence Table

Boleyn Road Practice (1-537763824)

Inspection date: 13 July 2018

Date of data download: 02 July 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member(s) of staff for safeguarding processes and procedures.	N
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	N
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	N

Explanation of any 'No' answers:

The safeguarding lead was unclear. Nursing staff said they were the joint lead with the partner GP, the safeguarding children policy said the lead was the practice manager, practice management staff said they were the joint lead with the partner GP, non-clinical staff said the partner GP was the lead.

The health care assistant staff had neither children or adult safeguarding training and the practice manager had no safeguarding adults training.

Some GPs DBS checks were more than ten years old and a non-clinical staff member had no DBS check, and the associated risk had not been assessed.

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	N
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	N
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	N
Staff who require medical indemnity insurance had it in place	N

Explanation of any answers:

The recruitment policy did not refer to a need for DBS checks, staff immunity status, medical indemnity insurance.

There were no systems to ensure staff vaccination was maintained in line with current Public Health England (PHE) guidance or evidence of health care assistant staff vaccination status.

No systems were in place to ensure the registration of clinical staff (including nurses) was checked and regularly monitored. However, all relevant staff we checked were registered.

There was no evidence of medical indemnity insurance for GP, nurse and healthcare assistant (HCA) staff.

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 2 November 2017 for 17 items only.	Partially
There was a record of equipment calibration Date of last calibration: 2 November 2017 no fails.	Y
Risk assessments were in place for any storage of hazardous substances e.g. storage of chemicals	N
Fire procedure in place	Partially
Fire extinguisher checks	Y
Fire drills and logs	Unclear
Fire alarm checks	Y
Fire training for staff	Partially
Fire marshals	Y
Fire risk assessment Date of completion	Y 21/5/15
Actions were identified and completed.	N
Additional observations: Seventeen portable appliances were tested 2 November 2017 however there were considerably more than 17 portable electrical appliances in the practice, and we observed many such as IT equipment had no safety testing sticker or other evidence of safety testing. There were no Control of Substances Hazardous to Health (COSHH) risk assessments, staff told us this process was underway but incomplete. The fire policy and procedure was dated 2014 and staff details were out of date. Practice management staff were unsure when the most recent fire drill took place and the most recent log showed it was in 2015. A non-clinical staff member told us there had been a fire drill the week prior to our inspection and created a log on the day of our inspection but there was no evidence of an appropriate fire drill process, evaluation or learning. Most staff received fire marshal training on 9 July 2018 but some staff had no fire training. Actions for premises fire safety had not been completed. The most recent fixed wire testing was undertaken on 4 October 2012 and was overdue.	

Health and safety Premises/security risk assessment? Date of last assessment: 21 May 2015 had no actions listed.	Y
Health and safety risk assessment and actions Date of last assessment: 21 May 2015 had no actions listed.	Y
Additional comments: The premises risk assessments dated back to 21 May 2015 and did not identify current risks but highlighted that if premises were ever refurbished they needed to comply with building regulations. There were falls hazards not identified particularly applicable to people with visual, mobility and or cognitive impairment such a corridor to consultation rooms door being unsecured and opening directly onto a suspended external iron staircase with a drain with a disintegrating cover on the floor below. Lower ground floor consultation rooms were damp with peeling paint.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 10 July 2018 The practice acted on any issues identified: Process did not identify issues. Detail: Infection control audits were ineffective. The infection control designated staff lead was unclear, management staff told us nursing staff had joint lead responsibility, but nursing staff said this was not the case and they had not been involved in undertaking infection control audits. The February 2018 audit was completed by a cleaner and "other" staff role. The February 2018 audit contained inaccurate information such as the walls were in good condition and that handwashing sinks were free from plugs. The practice manager told us a "review" audit was undertaken on 10 July 2018, but this audit failed to identify the same issues. There were no single use sterile gloves available in latex and non-latex material for patients IUCD (“COIL”) insertion and removal procedures. We observed the surface coating on the patient toilet seat had worn away and reception area flooring had worn away to the bare wood meaning that cleaning would not be effective.	Partially
The arrangements for managing waste and clinical specimens kept people safe?	Y

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	N
Risk assessments were carried out for patients.	Partially
Risk management plans were developed in line with national guidance.	N
Staff knew how to respond to emergency situations.	Partially
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed	Y

sepsis.	
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y

Explanation of any answers:

Practice management staff were initially unable to find a current business continuity plan which should be immediately accessible for use in the event of a major incident or emergency. We were shown a version dating back to 2006 which was ineffective because it contained out of date staffing information. We asked the practice manager how staff absence was covered and they told us they would personally cover, or a second specific staff member would cover. This arrangement was not sustainable because prior to our inspection the practice manager expressed concern regarding working seven days a week, 365 days for years without having a holiday. However, the practice manager was one of the partners and therefore responsible for arranging appropriate working arrangements for all staff, including their own role.

The premises risk assessments dated back to 21 May 2015 and did not identify current risks but highlighted that if premises were ever refurbished they needed to comply with building regulations. Fire safety, COSHH and premises risks had not been dealt with but legionella testing was undertaken.

Staff knew how to respond to a clinical emergency but the defibrillator and emergency use oxygen were unfit for use. The oxygen expired 2011 and defibrillator was subject to a safety alert that was not acted upon.

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	N
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

Explanation of any answers:

There were gaps in fail-safes for cervical screening because a) there was no log for samples taken by a partner GP b) the log kept by the practice nurse was incomplete between their return to work June 2018 after long term absence and 6 July 2018.

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	0.37	0.81	0.98	Significant variation (positive)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	6.7%	9.7%	8.9%	Comparable to other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	N
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	N
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partially
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Not assessed
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Not assessed
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	No controlled drugs on the premises
Up to date local prescribing guidelines were in use.	Y
Clinical staff could access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Not assessed
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines.	Y
There was medical oxygen on site.	N it was expired.
The practice had a defibrillator.	Y but it was subject to a safety alert.

Both were checked regularly and this was recorded.	Y but checks ineffective
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	N

Explanation of any answers:

Practice nursing staff were signing and authorising Patient Specific Directions (PSD) for influenza vaccines if the GP was not available.

Blank prescriptions were stored in the reception area and a consultation room that were unsecured and accessible to patients. There was no log of handwritten prescriptions that were kept in the practice management room.

Five patients prescribed methotrexate (a high-risk medicine) blood tests were not appropriately undertaken and monitored to ensure safe and effective repeat prescribing. Patients prescribed warfarin and lithium were appropriately monitored.

The medicines refrigerator contained vaccines that were unfit for use. There were ten "Priorix" MMR vaccines that expired in June 2018, eight "Infantrix" IPV Hib vaccines with an unreadable expiry date and boxes stuck together which indicated they may have frozen, and three "Revaxis" diphtheria, tetanus and polio vaccines with boxes stuck together which indicated they may have frozen.

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	3
Number of events that required action	2

Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
Medicines were altered by a receptionist on the request of a patient without consulting a GP and it was unclear who signed prescription.	Staff met to discuss the incident and agreed all medicines should be amended by GPs including hospital discharges. However, this was an informal arrangement and there was no associated protocol in place.
A vulnerable patient presented with specific symptoms for a condition that was not diagnosed.	Staff met to discuss the incident and implemented an arrangement to ensure an on-site specific test was available to help diagnose the condition.

Safety Alerts	Y/N

There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	N

Comments on systems in place: Two medicines safety alerts were acted on appropriately but the defibrillator was subject to a safety alert which had not been acted upon and the practice team were not aware of that alert. The practice replaced the defibrillator with a new one on the day of our inspection.

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.13	0.41	0.90	Significant Variation (positive)

People with long-term conditions

Diabetes Indicators				
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	65.9%	74.4%	79.5%	Variation (negative)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	3.4% (16)	7.9%	12.4%	
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	88.2%	81.6%	78.1%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	

	0.4% (2)	4.3%	9.3%	
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	81.7%	80.1%	80.1%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	4.1% (19)	7.5%	13.3%	

Other long term conditions				
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	85.8%	79.7%	76.4%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	0.9% (2)	2.7%	7.7%	
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	93.6%	90.4%	Variation (positive)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	3.3% (1)	7.0%	11.4%	
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	83.9%	83.4%	83.4%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	1.4% (8)	2.6%	4.0%	

Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	100.0%	91.4%	88.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	10.3%	8.2%	

Any additional evidence or comments

Locally held data at the practice showed during the period 1 April 2017 to 31 March 2018 the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months had fallen to 56%.

Families, children and young people

Child Immunisation				
Indicator	**Numerator**	**Denominator**	**Practice %**	**Comparison to WHO target**
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	39	40	97.5%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	53	57	93.0%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	54	57	94.7%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	54	57	94.7%	Met 90% Minimum (no variation)

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	**Practice**	**CCG**	**England**	**England**

		average	average	comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	45.2%	64.0%	72.1%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) **(PHE)**	50.3%	59.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)**(PHE)**	34.3%	44.1%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. **(PHE)**	50.0%	72.8%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	33.3%	46.4%	51.6%	Comparable to other practices

Any additional evidence or comments

Locally held data at the practice showed during the period 1 April 2017 to 31 March 2018 the percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 had risen to 70%.

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
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 (01/04/2016 to 31/03/2017) (QOF)	100.0%	88.8%	90.3%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	0 (0)	7.3%	12.5%	
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	90.9%	92.4%	90.7%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	4.3%	10.3%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	90.0%	85.3%	83.7%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	5.2%	6.8%	

Any additional evidence or comments

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	499	531	539
Overall QOF exception reporting	2.3%	5.1%	5.7%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	No

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.3%	96.8%	95.3%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (5)	0.7%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
We saw evidence consent was sought and recorded appropriately for IUCD (“COILS”) procedures, and

administration of injectable medicines.

Any additional evidence
We saw evidence multidisciplinary case review meetings were taking place and reviewed evidence of meeting minutes from April, May and June 2018.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	48
Number of CQC comments received which were positive about the service	48
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
GP Patient survey data	Consistently and significantly negative for both GPs and nurses.
Comments cards	All comment cards were entirely positive about all aspects the practice.
NHS Choices	The practice had an average score of 1.5 stars on its NHS Choices patient feedback. We reviewed comments since our previous inspection and there was a trend of patient comments expressing dissatisfaction with staff attitude.
Friends and family survey data July 2017 to the date of our inspection 13 July 2018	Of 200 patient responses 43% of patients were extremely likely or likely to recommend the practice, 8% neither likely or unlikely, 3% unlikely, 7% extremely unlikely and 40% did not know.
Three interviews with patients and patient email feedback	Two were positive and the other expressed mixed feedback regarding staff kindness and respect.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,534	388	58	14.95%	1%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	28.1%	67.7%	78.9%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	55.9%	82.3%	88.8%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	72.9%	90.6%	95.5%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	53.9%	77.1%	85.5%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	64.5%	82.9%	91.4%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	60.6%	81.0%	90.7%	Significant Variation (negative)

Any additional evidence or comments
No action had been taken to improve and staff were not aware of the significantly below average data.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	N

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
GP Patient survey data	Consistently and significantly negative for both GPs and nurses.
Comments cards	All comment cards were positive.
NHS Choices	The practice had an average score of 1.5 stars on its NHS Choices patient feedback.
Friends and family survey data July 2017 to the date of our inspection 13 July 2018	Of 200 patient responses 43% of patients were extremely likely or likely to recommend the practice, 8% neither likely or unlikely, 3% unlikely, 7% extremely unlikely and 40% did not know.
Three interviews with patients and patient email feedback	All were positive regarding involvement in decisions about care.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	62.2%	79.4%	86.4%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	47.6%	73.8%	82.0%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	55.7%	81.3%	89.9%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or	59.4%	77.0%	85.4%	Significant Variation

spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)				(negative)

Any additional evidence or comments
No action had been taken to improve and staff were not aware of the significantly below average data.

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	Y
Information about support groups was available on the practice website.	No, the practice does not have a website

Carers	Narrative
Percentage and number of carers identified	1025 carers on the practice list, 16% of the list size but this was inaccurate because the practice systems for carers to identify themselves had resulted in many patients wrongly identifying themselves at the check in desk; for example, a two years old child.
How the practice supports carers	Support was limited to information in the reception area such a carers support notice.
How the practice supports recently bereaved patients	Partner GP telephones the patient and offers a follow up support as needed.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	Conversations and private patient details could be overheard in the reception and there was no queuing system, privacy screen or indication confidentiality was being considered except reception staff tying to speak quietly. After our inspection the practice emailed us patient identifiable information which

	breached data protection requirements.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	No, door opened during three patient consultations.
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	**Time**
Monday	9am to 1pm and 3pm to 6.30pm
Tuesday	9am to 1pm and 3pm to 6.30pm
Wednesday	9am to 1pm and 3pm to 6.30pm
Thursday	9am to 1pm
Friday	9am to 1pm and 3pm to 6.30pm

Appointments available: Monday to Friday 9.30am to 12pm and 3.30pm to 6.30pm except Thursday which has a morning surgery only
Extended hours opening: The local out of hours (OOH) provider covers weekday daytime hours when the practice is closed, 6.30pm to 8pm, and Saturday and Sunday when telephone lines are diverted to the OOH provider. There is an additional seven days per week GP access service commissioned by Newham Clinical Commissioning Group (CCG) running from three local practice hubs Monday to Friday 6.30pm to 10pm; and Saturday and Sunday from 8am to 8pm. During weekdays, the reception area closes with shutters down and doors close from 1pm to 3pm. Telephone lines close from 12pm to 3.30pm.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Partially
If yes, describe how this was done	
Staff could describe signs of a clinical emergency but there were no formalised systems in place or system to assess whether a home visit was clinically necessary. After our inspection the practice sent us a protocol but this belonged to a different practice.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,534	388	58	14.95%	1%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. **(01/01/2017 to 31/03/2017)**	45.2%	75.3%	80.0%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" **(01/01/2017 to 31/03/2017)**	37.0%	56.2%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment **(01/01/2017 to 31/03/2017)**	35.0%	63.6%	75.5%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment **(01/01/2017 to 31/03/2017)**	41.9%	61.4%	72.7%	Variation (negative)
Any additional evidence or comments: The practice were not aware of the scores and had taken no action to improve.				

Examples of feedback received from patients:

Source	Feedback
GP Patient survey data	Mostly significantly negative or negative.
Comments cards	All comment cards were positive.
NHS Choices	The practice had an average score of 1.5 stars on its NHS Choices patient feedback. We reviewed 11 comments since our previous inspection and most expressed concerns regarding access.
Friends and family survey data July 2017 to	Of 200 patient responses 43% of patients were extremely likely or likely to

the date of our inspection 13 July 2018 Three interviews with patients and patient email feedback	recommend the practice, 8% neither likely or unlikely, 3% unlikely, 7% extremely unlikely and 40% did not know. Of two patients one was mixed and the two other positive regarding how easy it was to access the practice.

Any additional evidence

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	3
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Letters were appropriate and included statements regarding PHSO details for in the event patients were not happy with the outcome.	

Example of how quality has improved in response to complaints
Improvements have been noted to be made but it is unclear if or how these improvements were implemented or evaluated.

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
Nursing staff had signed off patient specific directions, the nurse was not a prescriber and this should not occur. After our inspection management staff sent us evidence of a meeting to discuss and address the issue but the minutes referred to PGDs and no nursing staff were present and so we were not assured these actions were effective. Leaders could not reliably retain information. Prior to our inspection on 3 July 2018 the practice manager told us they often forget things and evidence showed this was the case. Prior to our inspection

the practice manager told us that a) a different member of staff had made the pre-inspection submission on behalf of the provider but later came back to us to say they forgot they personally made the submission; b) The practice manager queried our diabetes data source which we clarified by email prior to the inspection, but the practice manager asked for the same information again after our inspection which we copied and sent again; c) On 22 July 2018 the practice manager emailed the lead inspector to say they did not recall there was an inspection agenda, but they had personally emailed the agenda to the lead inspector on 11 July 2018; d) After giving feedback on the day of our inspection we notified the partners they could opt to send additional information in response to our feedback by no later than the end of Tuesday 17 July 2018, but on Wednesday 18 July 2018 the practice manager emailed the lead inspector to say we had allowed until the end of that morning, which was not the case.

Leaders had difficulty comprehending the context of the inspection and ability to process basic information. On 2 July we wrote to the registered manager using the standard pre-inspection letter that clearly set out the purpose of the inspection and information required to be submitted by 5 July 2018. The registered managers initial email response 2 July 2018 did not relate to information requested and the contents were not relevant to the inspection process and contained accusations that had no evidence base.

The provider sent us an EMIS screenshot of data to evidence 79% of patients with diabetes blood sugar level being 64mmol/mol or during the period 1 April 2017 to 1 March 2018 but the system information only represented 38 patients which did not account for the vast majority of patients on the register with diabetes. (EMIS is an IT system commonly used in GP practices). After our inspection the provider told us the data was an error but sent us no accurate or up to date data.

The practice manager repeatedly responded to the CQC inspection team with unrelated comments and ongoing assertions that were unsubstantiated and had no evidence base. On the day of our inspection 13 July 2018 on at least four occasions the practice managers responses bore no reflection to information the CQC inspection team were requesting or conveying such as a) during the practice presentation when the practice manager referred to “others setting booby traps”; b) during the inspection when they alleged frozen and expired vaccines we found in the medicines refrigerator had been planted; and c) and during the inspection feedback when they referred to “booby traps” again and “murderers”. We also noted similar issues prior to our inspection.

The provider had no process to support or evaluate leadership and management capacity to process information.

The plan for the leadership of the practice is that management staff had no intention of retiring and a family member would soon join the practice in a clinical leadership role.

Vision and strategy

Practice Vision and values
None. The practice told us it planned to expand its services to include talking therapies and phlebotomy for patients but there was no supporting information to underpin this plan or method of how it might be achieved.

The practice had bid for premises improvement funding but the bid was rejected and stated reasons that it contained inaccurate information and incorrect assertions.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	In place but leads such as safeguarding and infection control were unclear.
Other examples	Staff meeting were mostly not minuted. The most recent minutes dated 21 July 2017 and 12 February 2018 and contained no method to agree actions or ensure follow up of issues discussed

	Y/N
Staff could describe the governance arrangements	N
Staff were clear on their roles and responsibilities	Partially

Any additional evidence
Leads were unclear, reception and administrative staff were clear on their roles and responsibilities.

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	N
Staff trained in preparation for major incident	Partially, trained in basic life support but fire drill and safety arrangements were unclear.

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Legionella	Risk assessment and water testing
COSHH	None in place
Premises and equipment	Out of date risk assessments and gaps in emergency equipment and electrical equipment safety.

Any additional evidence
The major incident plan was out of date and therefore no longer fit for purpose.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Y

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group:

Feedback
There was an active patient participation group whose main concerns were the premises and health and safety and there were no examples of improvements made by the practice because of PPG engagement.

Any additional evidence

Continuous improvement and innovation

Examples of improvements demonstrated because of clinical audits in past two years

Audit area	Improvement
Inadequate cervical screening test results	For monitoring purposes rather than continuous improvement.
Medicines reviews for patients on repeat prescriptions	This having a medicines review increased from 8% to 90%.

Any additional evidence

DO NOT DELETE THE NOTES BELOW

Notes: CQC GP Insight
GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)
- Comparable to other practices

- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.
Guidance and Frequently Asked Questions on GP Insight can be found on the following link: http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices

Glossary of terms used in the data.

- **COPD**: Chronic Obstructive Pulmonary Disease
- **PHE**: Public Health England
- **QOF**: Quality and Outcomes Framework (see https://qof.digital.nhs.uk/).
- **RCP**: Royal College of Physicians.
- **STAR-PU**: Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.(See NHS Choices for more details).