

# Dr Rana Chowdhury

## 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Rana Chowdhury on 11 January 2017. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Dr Rana Chowdhury on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 18 October 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The practice learnt from significant events.
- There was no child safeguarding policy in place despite external contact details being available. However since the inspection, the practice has provided evidence of a new child safeguarding policy that has been implemented.

- Improvements had been made to the governance of the practice which had impacted on patient outcomes.
- Risks to patients who use the services were well managed.
- Patients said they were treated with compassion, dignity and respect, and they were involved in their care and decisions about their treatment.
- Staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The provider was aware of and complied with the requirements of the duty of candour.
- Staff had knowledge of the practice vision and there was a business plan to support this vision and the practice strategy.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- To continue review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to all.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

# Summary of findings

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing a safe service.

Good



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. .
- Risks to patients were assessed and the systems to address these risks were implemented well enough to ensure patients were kept safe. .
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing an effective service.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally above average compared to the national average with low levels of exception reporting.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisal and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing a caring service.

Good



- Data from the national GP patient survey showed patients rated the practice higher than 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.

### Are services responsive to people's needs?

The practice is rated as good for providing a responsive service.

Good



# Summary of findings

- 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. The practice was piloting a CCG initiative looking at the increased use of the community matron for its housebound patients.
- Patients said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

The practice was rated as good for providing a well led service.

- The practice had a number of policies and procedures to govern activity. .
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In three examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Good



# Summary of findings

- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# 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 provider is rated as good for providing services to older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Nationally reported data showed that outcomes for patients for conditions commonly found in older people were above average.
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face to face review in the preceding 12 months was 91% which was above the national average of 84%.

Good



### People with long term conditions

The provider is rated as good for providing a service to people with long-term conditions.

- The nurse had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had a system in place to review patients on high risk medicines.

Good



### Families, children and young people

The provider is rated as good for providing a service to families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates were high for the standard childhood immunisations.

Good



# Summary of findings

- 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 uptake for the cervical screening programme was 79%, which was comparable to 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 and health visitors.

## Working age people (including those recently retired and students)

The provider is rated as good for providing a service to working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs of this age group.
- The practice did not offer extended hours, but did have appointments from 8.00am for this group.
- Telephone consultations with clinicians were available to meet the needs of this population group.

Good



## People whose circumstances may make them vulnerable

The provider is rated as good for providing services to people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with 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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation and safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good





# Summary of findings

## People experiencing poor mental health (including people with dementia)

The provider is rated as good for providing services to people experiencing poor mental health (including people with dementia)

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who have attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. Two hundred and eighty nine survey forms were distributed and 120 returned. This represented 3% of the practice's patient list.

- 69% of patients found it easy to get through to the practice by phone which was slightly lower than the national average of 71%.
- 87% 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 84%.
- 90% of patients described the overall experience of the practice as good compared to the national average of 85%.

- 77% of patients said they would recommend the practice to someone who has just moved to the local area which is the same as the national average.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. Patients felt that the staff were professional and caring and were happy with the quality of care given by the nurse and GP.

We spoke with three patients during the inspection. The patients said they were satisfied with the care they received and thought the staff were approachable, committed and caring. They felt that appointments did not always run on time but were happy with the length of consultation.

## Areas for improvement

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

- To continue review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to all.

# Dr Rana Chowdhury

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr Rana Chowdhury

Dr Rana Chowdhury is located on Oak Road, Harold Wood within a converted two storey house and is well served by Harold Wood over ground station. The building is owned and maintained by the lead GP. The practice provides NHS primary medical services to 3008 patients on behalf of Havering Clinical Commissioning Group (CCG), through a Personal Medical Services contract (a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The premises have step free access with an accessible toilet and baby changing facilities.

The practice is open between 8.00am and 6.30pm on Monday, Tuesday, Thursday and Friday. The practice is open from 8.30am to 11.30am on a Wednesday. Appointments are from 8.00am to 11.30am each morning and from 4.00pm to 6.30pm on Monday, Tuesday, Thursday and Friday afternoons. Extended hours appointments are not offered. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that needed them.

The practice provides telephone consultations and home visits, the home visits are carried out between the morning and afternoon sessions. The practice does not offer extended hours, however out of hour's services and weekends are covered by the Havering GP hub weekdays from 2.00pm to 6.00pm and from 9.00am to 5.00pm weekends (who provide telephone consultations, home visits and appointments at the local hospital) and the 111 service.

There is one principal GP (male) who carries out nine sessions per week and a female practice nurse who works sixteen hours per week. The practice also employs female locums for two sessions per week. The practice manager works 28 hours per week and there are a variety of administration and reception staff.

The practice has a larger older population, 24% of whom are over 65 years of age (17% nationally) and 52% of the population is aged between 25 and 64. The practice population is 83% white British and 17% non-white minority ethnic groups. Information published by Public Health England rates the level of deprivation within the practice as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

They are regulated to carry out the following activities:

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

# Are services safe?

## Our findings

At our previous inspection on 11 January 2017, we rated the practice as inadequate. We found that there was no system for receiving, recording and disseminating patient alerts and no learning from significant events. We also found that non-clinical staff had not received safeguarding training; there was no evidence of action plans developed from infection control audits, no fire safety systems, no gas safety or electrical appliance testing and no systems for monitoring prescriptions that had not been collected.

These arrangements had improved substantially when we undertook a follow up inspection on 18 October 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

When we inspected on 11 January 2017 we found that the systems in place for reporting and recording significant events was not effective. The practice carried out an analysis of significant events but no evidence of learning and sharing of outcomes was found. We also found that there was no system in place for disseminating patient safety alerts.

When we inspected on 18 October 2017 we found that the practice had improved their systems.

- The practice had developed a system for reporting significant events where staff would inform the practice manager who would then make a note of the event and take it to the clinical meeting for discussion. The significant event would then be disseminated to staff to aid in practice learning. We saw evidence of three significant events that had been discussed in practice meetings which included an incident where a patient refused treatment at the practice and subsequently passed away in hospital. At the inspection we found that the practice manager was recording in a notebook a log of significant events. Shortly after the inspection the practice introduced a more formal system.
- When we inspected in January 2017 we found that the practice had no system for receiving, recording and disseminating patient safety alerts and we were not assured that all safety alerts were being adhered to (where appropriate). When we inspected in October 2017 we found that a new system had been developed by the practice. Alerts were received and logged by the

practice manager who would disseminate to relevant staff. Alerts were discussed at the weekly clinical meeting where appropriate action was taken. Any alerts that needed immediate action were flagged by the practice manager. All alerts were discussed with staff in practice meetings and we saw evidence of where new NICE guidelines on the use of electroporation in the treatment of pancreatic tumours was discussed. We also saw evidence of where the safety alert regarding the withdrawal of retigabine in the treatment of necrosis of the jaw was discussed.

### Overview of safety systems and process

When we inspected in January 2017 we found that the practice had some systems and processes in place, however these did not always keep patients safe, or were not always effectively implemented to keep patients safe. The practice had not provided safeguarding training for non-clinical staff, there was no action plan following the annual infection control audit and there was no system in place for monitoring prescriptions that had not been collected from the surgery,

When we inspected in October 2017 we found that practice systems had improved.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. The practice had a formal policy for safeguarding vulnerable adults; however there was no formal policy for safeguarding children although appropriate contacts were available. Shortly after our inspection the practice provided evidence of a new child safeguarding policy they had implemented. . The GP was the lead for safeguarding. The GP attended safeguarding meetings when possible and provided reports where necessary for other agencies. Both clinical and non-clinical staff demonstrated they understood their responsibilities and all had safeguarding training relevant to their role. The GP was trained to child safeguarding level 3, the nurse to level 2 and all non-clinical staff had received level 1 training.
- A notice in the waiting room advised patients that chaperones were available if required. Reception staff were trained by the nurse who had received formal training for the role and all staff had received a Disclosure and Barring Service (DBS) check. DBS checks

## Are services safe?

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 lead GP was infection control clinical lead who liaised with the local infection control prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken (May 2017) and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal), in the practice kept patients safe. The practice carried out regular medicines audits with the support of the local CCG pharmacy team. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had developed a system of monitoring uncollected prescriptions on a monthly basis to ensure none remain outstanding.
- Since the inspection on January 2017 the practice had carried out reviews of all patients on high risk medicines and had scheduled blood tests where necessary. An ongoing system of monitoring high risk medicines had been developed and was in use.
- We reviewed four personnel files and found appropriate recruitment checks prior to employment. For example, proof of identification, references, qualifications, registration with appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

When we inspected in January 2017 we found that risks to patients were not always assessed and well managed. There were insufficient procedures in place for monitoring and managing risks to patients and staff safety. There was no up to date health and safety policy, no up to date fire

risk assessments and no record of regular fire drills. The practice did not have an up to date gas safety certificate and electrical equipment was not checked to ensure the equipment was safe to use.

When we inspected in October 2017 we found that systems had improved.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment (June 2017) and carried out regular fire drills. A detailed log with analysis of the drill was kept by the practice. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated (May 2017) to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### 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 was available.

## Are services safe?

- Emergency medicines were easily accessible and all staff knew of their location. All medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 11 January 2017, we rated the practice as requires improvement for providing effective services as there was limited evidence of quality improvement, including clinical audit and clinical staff were not able to access or demonstrate that NICE guidelines were being monitored.

These arrangements had significantly improved when we undertook a follow up inspection on 18 October 2017. The provider is now rated as good for providing effective services.

### Effective needs assessment

When we inspected in January 2017 we found that staff were not able to access or demonstrate that NICE guidelines were monitored and there was no evidence that guidelines were being discussed in meetings.

When we inspected in October 2017 we found that a system had been implemented to track all incoming guidelines. These were logged and disseminated to staff. We also found evidence that guidelines were being discussed within practice meetings. Staff were aware of where to find guidelines and that they were accessible from the practice computer system.

### 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 86% of the total number of points available in 2016/2017, with an exception reporting rate of 3% which was lower than both the CCG and national averages of 10% (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).

The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2016/2017 showed low exception report rates:

- Performance for diabetes related indicators was comparable to CCG and national averages; For example

the percentage of patients on the diabetes register, who's last blood pressure reading was 140/80mmHg or less in the last 12 months was 92% which was the same as the CCG and national averages. Exception reporting was 0% which was lower than the CCG average of 6% and the national average of 5%.

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5mmol/l or less in the last 12 months, was 59% (compared to 58% when we previously inspected), which was lower than the CCG average of 74% and the national average of 79%. Exception reporting was 6% which was lower than both the CCG and national averages of 13%. The practice was aware of this and had produced an action plan to improve the score which included a monthly recall system. We looked at a sample of five records for patients with diabetes and found that all had received a test within the last 12 months.
- The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification within the preceding 12 months was 93% which was comparable to both the CCG average of 87% and the national average of 88%. Exception reporting was 0% which was lower than the CCG and national averages of 8%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured the preceding 12 months) was 150/90 mmHg or less was 87% which was comparable to the CCG average of 82% and the national average of 84%. Exception reporting was 0% which was lower than the CCG average of 3% and the national average of 4%.
- Performance for some mental health related indicators was below the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their records was 76% which was below the CCG average of 90% and the national average of 89%. Exception reporting was 0% which was lower than the CCG average of 9% and the national average of 12%. The practice was aware of the lower than average figure and were currently reviewing these patients.



# Are services effective?

## (for example, treatment is effective)

- The percentage of patients with dementia with a care plan that had been reviewed face to face in the preceding 12 months was 91% compared to the CCG average of 83% and the national average of 84%. Exception reporting was 0% which was lower than the CCG average of 4% and the national average 7%.

When we inspected in January 2017 we found that there was limited evidence of quality improvement through clinical audit. There were no completed two cycle audits.

When we inspected in October 2017 we found that there had been four completed two cycle audits that showed quality improvement for patients. For example, the practice had undertaken an audit in September 2015 to find how many patients had been prescribed Ciprofloxacin (an antibiotic used for treating bacterial infections) and found that 42 patients had been prescribed the medicine. In line with national guidelines the practice changed prescribing procedures in an attempt to lower the number of prescriptions trying to deliver best practice in line to microbiological stewardship. The practice carried out a second audit in May 2017 and found that the number of patients that had been prescribed the medicine had reduced to 12, showing that there had been an improvement in safe prescribing procedures.

The practice also participated in local audits, national benchmarking and peer review.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice was working towards completing work on providing care plans for all patients on the mental health register.
- From the sample of four documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Consent to care and treatment



# Are services effective?

## (for example, treatment is effective)

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.

### 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.
- Dietetic advice was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG and 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 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. The number of patients aged between 60-69 who had been screened for bowel cancer in the last 30 months was 51% compared to the CCG average of 57% and the national average of 58%. The number of female patients aged 50 to 70 who had been screened for breast cancer in the last 3 years was 72% which was comparable to the CCG and national average of 74%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 90% (lower than the national average of 90%) and five year olds from 79% to 88% (lower than the national average range of 88% to 94%).

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

At our previous inspection on 11 January 2017, we rated the practice as good for providing caring services.

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 100% of patients said the nurse was good at listening to them compared with the national average of 86%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 95%.
- 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 86%.
- 84% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% 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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 77% and the national average of 82%.

## Are services caring?

- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 patients as carers (less than 1% of the practice list which was the same as when we previously inspected). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced 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

At our previous inspection on 11 January 2017, we rated the practice as good for providing responsive services.

### 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. The GP was the CCG lead in their "five year forward" pilot which was looking at the extension of the GP hub and increasing the provision of a community matron visiting housebound patients.

- The practice offered early appointments from Monday to Friday from 8.00am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open between 8.00am and 6.30pm on Monday, Tuesday, Thursday and Friday. The practice was open from 8.30am to 11.30am on a Wednesday. Appointments were from 8.00am to 11.30am each morning and from 4.00pm to 6.30pm on Monday, Tuesday, Thursday and Friday afternoons. Extended hours appointments were not offered. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 66% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 69% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 87% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 81% and the national average of 84%.
- 86% of patients said their last appointment was convenient compared with the CCG average of 77% and the national average of 81%.
- 90% of patients described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 85%.
- 65% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.

The practice had a policy of never turning a patient away even if they did not have an appointment and the GP stated he would ensure that all patients had been seen before finishing a session.

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

The practice had a system to assess:

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

For home visits patients had to call in the morning before 10.00am and the GP triaged calls to make an informed decision 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

The practice had a system for handling complaints and concerns.

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

- 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.

We looked at the one complaint received since the last inspection and found that it had been responded to in line with the practice complaint policy. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 11 January 2017, we rated the practice as inadequate for providing well-led services as staff were unaware of the practice vision and values, there were no strategies to support the practice business plan, there was no governance framework to support delivery and minutes of meetings were brief and did not include action points. .

We found arrangements had significantly improved when we undertook a follow up inspection of the service on 18 October 2017. The practice is now rated as good for being well-led.

### Vision and strategy

When we inspected in January 2017 we found that staff were unaware of the practice mission statement and were unable to demonstrate their understanding of the practice values. We also found that there were no strategies or supporting business plan underpinning the practice values.

When we inspected in October 2017 we were provided with evidence of meeting minutes where the vision and values of the practice had been discussed. Staff were also able to demonstrate their understanding of the values when asked. We were also provided with the practice business plan and business continuity plan.

### Governance arrangements

When we inspected in January 2017 we found that the practice did not have a governance framework. Not all risks were being identified and managed by the practice, for example fire safety, not all non-clinical staff had received training appropriate for their roles and the GP was undertaking training from external sources such as the CCG but it was not being implemented into the day to day running of the practice.

When we inspected in October 2017 we found that governance arrangements had improved.

- The GP was involved in CCG wide training and we saw evidence of where this was put into practice within the practice especially in the areas of diabetic and cholesterol management, glucose control and blood pressure control. The GP undertook the training as part of the practice action plan to raise outcomes for patients identified through QOF.

- Practice specific policies and procedures were in place to aid the running of the practice.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. Non-clinical staff had all the training relevant to their role, such as confidentiality, safeguarding and fire safety training.

### Leadership and culture

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had a system 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.

When we inspected in January 2017 we found that the practice did not keep records of verbal interactions but kept some written correspondence. For example, verbal complaints were not always documented. When we re inspected in October 2017 we found evidence of a system in place to record verbal complaints to ensure that they are assessed by the clinical team and shared with the practice team for wider learning.

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

- Staff told us the practice held quarterly team meetings. When we inspected in January 2017 we found that meeting minutes were brief with no action points. When we inspected again on October 2017 we found that this was improved and there were documented action points with a follow up in the next meeting.
- 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 doing so.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. All staff were

# Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

We acknowledge the progress as that the leadership team has taken since the last inspection. However consideration needs to be made into the sustainability of changes and how the practice maintains changes. Thought needs to be given to further strategic planning.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG

requested more home visits for housebound patients, the practice were trialling this with the community matrons for the CCG. They also made suggestions for a disabled access and baby changing facility, both of which the practice had implemented.

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

## **Continuous improvement**

There was some focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, for example the practice was the CCG lead for the extension of the GP hub and increased community matron visits for housebound patients.