

Dr Goyal & Associates

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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Goyal & Associates on 5 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed however some improvements were required around managing those risks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Protect patient confidentiality by ensuring all staff remove smart cards when vacating computer terminals.
- Review process for recording and monitoring stocks of emergency medicines to ensure records are correct and up to date.

Summary of findings

The areas where the provider should make improvement are:

- Mitigate risks to patients by ensuring uncollected prescriptions are checked and followed up with patients.
- Ensure regular fire drills are carried out.
- Ensure carer's needs are met by introducing a carer's register and a system to alert staff when a patient is also a carer.

Professor Steve Field CBE FRCP FFPH FRCG

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Risks to patients were assessed and well managed. However some improvements were required, in particular relating to emergency drugs, repeat prescriptions and safety equipment management.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

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.

Summary of findings

- 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 responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice opened a minor surgery suite in June 2016 which was able to undertake procedures under local anaesthetic. This helped to reduce local demand on services at the local hospital.
- Patients did not always find it easy to make an appointment with a named GP however 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 and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The practice did not have a patient participation group (PPG) at the time of our inspection. They did have a patient reference group (PRG) which is a virtual patient group the practice communicated with by email.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a dedicated GP who carried out annual reviews for elderly house bound patients to take care of their complex needs and provide holistic care.
- There was a Palliative Care lead and monthly meetings took place to review patients on the palliative care register as part of the Gold Standards Framework.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Quality and Outcomes Framework (QOF) performance in 2014/15 for diabetes related indicators was 83% which was in line with the CCG average of 86% and the national average of 90%.
- A diabetes clinic was run at the practice by the practice nurse. A diabetic nurse specialist also attended once a month to see patients.
- Patients who regularly attended A&E were identified and assigned to the unplanned admissions register. These patients were regularly reviewed.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84% which was comparable to the CCG average of 80% and the national average of 82%.
- Children under the age of two years were prioritised for appointments.
- The health visitor clinic took place once a week at the practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- New patient checks were offered on Saturdays for patients who could not attend during the week due to work commitments.
- Out of area registrations were accepted for people who worked close to the practice.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG and national average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (01/04/2014 to 31/03/2015), which is comparable to the CCG average of 93% and the CCG average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- IAPT (Talking Therapies) services were based in the same building and could easily be accessed in case of urgent referrals and advice.
- 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 on 7 July 2016. The results showed the practice was performing in line with local and national averages. 302 survey forms were distributed and 104 were returned. This represented 34% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 77% and the national average of 85%.
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 65% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards most of which were positive about the standard of care received. Respondents commented about the helpfulness and friendliness of staff. They said they were listened to and were satisfied with the care and treatment they received. Some respondents commented about waiting too long for an appointment and appointments running late.

We spoke with seven patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All seven patients said appointments tended to run late. Results of the most recent friends and family test showed 100% of respondents were "likely" to recommend this practice.

Dr Goyal & Associates

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and an Expert by Experience.

Background to Dr Goyal & Associates

Dr Goyal and Associates, also known as Church Elm Lane Medical Practice, is a GP service based in The Health Centre in Dagenham. Dagenham is a town in the London Borough Barking and Dagenham, which is to the east of London. The Health Centre is situated in a residential area and is well served by public transport links. It is a modern, purpose built building which has a car park including allocated disabled parking spaces. The practice is part of NHS Barking and Dagenham Clinical Commissioning Group and provides GP services under a General Medical Services contract with NHS England to around 5800 patients.

The practice profile shows a higher than average number of patients aged 0 to 14 years and females aged 24 to 44 years. At 76 for males and 81 for females, life expectancy is in line with the CCG and national averages of 77 for males and 81 for females and 79 for males and 83 for females respectively. Results from the 2011 census show a majority white British population as (49.46%) followed by those of black African ethnicity in (15.43%). The practice locality is in the second most deprived decile on the deprivation scale.

The practice's opening times are from 8am to 6pm Monday to Friday. Surgery times are from 8.30am to 1pm and then 2pm to 6.30 on Tuesday and Friday and 7.30pm on Monday

and Wednesday. There is no afternoon surgery on Thursday when the practice is closed. Extended hours are from 6.30pm to 7.30pm on Monday and Wednesday and 9am to 12pm on alternate Saturdays.

Outside of these hours GP services are available at the local GP hub and the NHS 111 service.

Clinical services are provided by two partners (female nine sessions, male six sessions), two salaried GPs (both female, six sessions each), a trainee GP (female six sessions), a medical student (six sessions), a senior practice nurse (female, full time), a practice nurse (female, part time), a trainee pharmacist (female, eight sessions) and two part time healthcare assistants (HCA) (female). The practice is a teaching and training practice.

Dr Goyal & Associates is registered to provide the registered activities of Treatment of disease, disorder or injury; Family planning and Diagnostic and screening procedures from The Health Centre, Dagenham, Barking and Dagenham, RM10 9RR.

The practice was not inspected under the Care Quality Commission's previous inspection regime.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 September 2016.

During our visit we:

- Spoke with a range of staff including GPs, nursing staff, receptionists and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events at monthly practice meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a recent incident involved the issuing of an acute drug prescription by a member of reception staff. This was against practice policy which stated that such prescriptions should only be issued by a clinician. Following that incident an investigation took place which included the member of staff to reflect on reasons why this incident had occurred. Subsequently, changes were made to the staff member's working pattern to ensure regular rest breaks were incorporated in order to minimise errors made. Learning shared from this incident included re-emphasising to all staff that pressure from patients must be managed and the correct procedure for the issuing of prescriptions for controlled drugs was to be followed at all times.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding vulnerable adults and child protection and they were supported by a specific member of the administration team. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Information was shared between the practice and health visitors who attended the practice weekly. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses, healthcare assistants and the pharmacist were trained to level 2 and all other staff to level 1.
- Notices on display advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw that following an infection control incident involving a number of staff becoming unwell, advice was sought and appropriate action was taken to ensure the situation was contained and neutralised.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. However we found a number of prescriptions that had not been collected by patients and no action had been taken. These included prescriptions for inhalers, aspirin and diabetic medication.

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads kept in the building were securely stored and there were systems in place to monitor their use. However the lead GP kept some blank prescription forms in their doctor's bag. At the time of our inspection this bag was locked in the GPs car. We saw that these forms were of an old type however could still be used for prescribing medicines. There was no system in place to monitor their use, especially as the serial numbers of these forms were not consecutive. We saw that these forms were removed from the GP's bag on the day of the inspection and were assured they would be destroyed.
- Both of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Healthcare assistants did not administer any vaccines or medicines.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster on display which identified local health and safety representatives. A health and safety audit had been conducted and we saw that all actions points identified had been completed. The practice rented the premises from a landlord and they were responsible for carrying out fire risk assessments and organising fire drills. We saw that fire risk assessments had been carried out which highlighted the requirement for fire drills to be

carried out. We saw evidence that the practice had been in discussion with the landlord about organising fire drills although this had not been followed up for some time. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Cover for annual leave and unplanned absences was arranged amongst existing staff. We saw that GP locums were rarely used, the last occasion being in July 2016 for a single session.

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 however the records of the checking of this equipment were not being recorded. We were told the practice would now start doing so. Oxygen was available with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Notices on display in all rooms directed staff to where emergency equipment and medicines were kept. All the medicines we checked were in date and stored securely. We were told emergency medicines were checked monthly, however we found errors on the stock list. For example, the list showed saline nebuliser solution with an expiry date of August 2016. This item

Are services safe?

was not in the emergency drugs box. Also the list stated that the box contained five boxes of hydrocortisone powder however the box only contained one. We were told the other boxes had been used by the lead GP however the list had not been updated since.

- We also saw that medicines in the emergency drugs stock had pharmacy labels on them including patient's names. We were told used drugs were replaced by issuing a prescription for the medicine in the name of the patient who had used it to the pharmacy. Drugs issued in one patient's name should not be used for

another patient. The lead GP assured us this practice would cease. Following the inspection we received confirmation that the labelled drugs had been returned to the pharmacy and replaced with new stock.

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. A copy of the plan was kept off site in case the building and/or computer system became inaccessible. The practice had an arrangement with another local practice to use their premises should their premises become unusable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw evidence that any updates and alerts were disseminated to relevant staff and actioned appropriately.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available with a 4% exception reporting rate. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- At 83% performance for diabetes related indicators was similar to the CCG average of 86% and the national average of 90%.
- At 87% performance for mental health related indicators was similar to the CCG average of 92% and the national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits completed in the last two years, of these three were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a recent audit related to patients with a documented diagnosis of mild chronic obstructive pulmonary disease (COPD). The purpose of the audit was to check if NICE guidelines were being followed in relation to the suitability of the prescribed inhaler and if appropriate, to consider changing to a suitable alternative. The first cycle took place in October 2015. 132 patients with COPD were identified. 23 (17%) of those were on high dose inhalers and eight of those subsequently had a therapy change. The second cycle took place in August 2016. 134 patients were identified and the number of those on high dose inhalers had reduced to 17 (13%).

Information about patients' outcomes was used to make improvements such as ensuring patients whose immune system has been suppressed (for example due to HIV) received annual smear tests. This is because HIV increased the risk of patients developing cervical cancer.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However we did note some staff leaving computers unattended with smart cards still in place. This posed a risk to patient confidentiality. We raised this with the lead GP and noted immediate action was taken to remind staff to remove their smart cards when leaving computer terminals.
- 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, administering travel vaccines and child immunisations and administering contraceptives.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

Are services effective?

(for example, treatment is effective)

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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Integrated care team meetings took place fortnightly. Attendees included representatives of the district nursing, mental health, social work and occupational therapy teams as well as the community matron. Care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking and alcohol cessation. Patients were signposted to the relevant service.
- A diabetic nurse attended the practice once a week to run a diabetic clinic. Patients considered likely to benefit from this service were identified by the practice nurse.
- A dietician 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 84%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example,

Are services effective?

(for example, treatment is effective)

childhood immunisation rates for the vaccinations given to under two year olds ranged from 24% to 92% (CCG 24% to 93%, national 73% to 95%) and five year olds from 71% to 95% (CCG 75% to 95%, national 81%% to 95%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 22 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. Some respondents commented about waiting too long for an appointment and appointments running late.

The practice did not have a patient participation group (PPG) at the time of our inspection. They did have a patient reference group (PRG) which is a virtual patient group the practice communicated with by email. The practice sought the views of this patient group on various aspects of practice operations. Members of the PRG had been invited and had attended the recent grand opening of the practice's minor surgery suite in June 2016. The practice was in the process of forming a PPG and we saw forms that were being issued to patients to invite them to join the group. We saw that around 100 patients had responded and the practice manager planned to contact those patients to arrange a meeting date. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and the national average of 82%.

Are services caring?

- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- A hearing loop was available for patients to use although this belonged to the health centre.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice did not keep a carer's register however they were able to identify which patients were carers from interrogating their computer system. The practice had identified 98 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice opened a minor surgery suite in June 2016 which was able to undertake procedures under local anaesthetic. This helped to reduce local demand on services at the local hospital. The lead GP specialised in family planning and would occasionally run clinics for patients who were not registered at the practice when there was demand. Discussions were underway with Public Health England to make this a more formal arrangement due to lack of capacity at the local sexual health clinic.

- Patients who could not attend during normal opening hours were directed to the local GP hub where appointments were available between 4pm and 10pm.
- New patient appointments were available on Saturdays for patients who could not attend during the week due to work commitments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There was a dedicated GP for elderly annual house bound patients to take care of their complex needs and provide holistic care.
- Breast feeding facilities were available at the practice.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice's opening times were from 8am to 6pm Monday to Friday. Surgery times were from 8.30am to 1pm

and then 2pm to 6.30 on Tuesday and Friday and 7.30pm on Monday and Wednesday. There was no afternoon surgery on Thursday when the practice was closed. Extended hours were from 6.30pm to 7.30pm on Monday and Wednesday and 9am to 12pm on alternate Saturdays. As well as GPs appointments were also available with the practice nurse and healthcare assistant during extended hours. In addition to pre-bookable appointments that could be booked one week in advance, urgent appointments were also available for people that needed them.

Outside of these hours GP services were provided by the local GP hub and the NHS 111 service.

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.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 73% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

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

The practice had a system in place to assess:

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

Patients were asked to contact the surgery by 10.30am to request a home visit. The GP would then contact the patient in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place 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. Complaints were reviewed annually to identify any trends.
- We saw that information was available to help patients understand the complaints system. Information was available in the practice leaflet and on the practice website as well as on display in reception.

We looked at 15 complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a

timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint about a GP not making a referral at the patient's request an investigation took place and the patient was invited to a meeting with the lead GP. The correct procedure and criteria for making a referral were explained to the patient as well as the reasons why a referral was deemed inappropriate at that time. The complaint was not proceeded with and the need for clear explanation to patients when referrals were or were not to be made was emphasised to all GPs.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However some improvements were required around security of smart cards and management of emergency medicines.
- On the day of the inspection we found some patient's records had been amended due to having been erroneously coded with chronic kidney disease (CKD) despite normal renal results. We were told the trainee GP had amended the initial record instead of adding a further entry with a specific code explaining the amendment. We raised this with the lead GP and following the inspection we received confirmation that advice had been sought and the procedure for correcting/amending records had now been clarified.

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The team met together socially at Christmas time when gifts were exchanged. We also saw the practice had recently celebrated its tenth anniversary by holding an event at the practice which was attended by staff and the Mayor of Barking and Dagenham.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

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 surveys and complaints received. Following a recent survey undertaken in March 2016 it was identified that the main issue of dissatisfaction for patients was around waiting times for appointments and appointments running late. An action plan was put in place to address these issues which included varying the number of each type of appointment available each day (telephone or face to face). The availability of nurse appointments was also varied to include emergency appointments as well as those bookable up to four weeks in advance. The HCA was also trained to undertake more of the nurse's tasks such as new patient registrations checks. Feedback from patients about these changes was positive.
- 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. An example given was staff on reception had asked the GPs to inform them when they were running late so they could let patients know. This helped to reduce complaints. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was awarded as a finalist in The Barking and Dagenham CCG awards 2016 in the area of "Patient Focus". This was awarded following nomination by practice patients. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was involved in the Clinical Pharmacists in General Practice pilot. Under this scheme clinical pharmacists worked as part of the general practice team to resolve day to day medicine issues and consult with and treat patients directly. It was hoped this extra resource would help GPs to better manage demands on their time and release them to deal with patients with more complex conditions.