

# Dr Teotia and partners

## 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?	Requires improvement	
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 Teotia and partners on 17 January 2017. Overall the practice is rated as good.

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

- Data from the national GP patient survey showed patients rated the practice lower than others for aspects of care, including being treated with care and concern and being involved in decisions about care. The provider had an action plan to improve performance in these areas.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed and managed. Some further risks were identified as part of the inspection and the provider was taking action to reduce these 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.
- 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 should make improvement are:

# Summary of findings

- Put in place a system to make sure the material curtains in the consulting room are cleaned or changed at least once every six months.
- Put in place a system for monitoring the use of prescription forms and pads.
- Make available proof of identity including a recent photograph for recruitment files.
- Continue to consider further ways of identifying and meeting the needs of patients experiencing poor mental health (including patients with dementia).

- Review patient privacy arrangements in the reception area.
- Continue to review and monitor performance in relation to patients' experience of the service.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were largely assessed and managed. Systems should be strengthened in the following areas:
  - The curtains in consulting rooms were visibly clean, however there was no system in place to make sure the curtains were cleaned or changed at least once every six months.
  - Prescription forms and pads were stored securely however a system was not in place to monitor their use.
  - While proof of identity was established for new employees, the provider did not keep a copy of the proof of identity including a recent photograph amongst its personnel records.

### 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 except for one diabetes related indicator. There was a long waiting time for the community insulin initiation service, which was having a negative impact on the practice's performance against the diabetes indicator relating to patients' blood sugar levels.
- 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.

# Summary of findings

- 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 requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for aspects of care, including being treated with care and concern and being involved in decisions about care.
- The provider had an action plan to improve performance in these areas.
- 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 record confidentiality. The provider was aware conversations in the reception area could be overheard since a new visual information system had recently been installed which did not provide background sound to mask conversations. The provider was looking to remedy this urgently.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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. National GP patient survey results showed they were less satisfied with the practice's opening hours than the national average however. The practice had amended patient information to clarify the change in its afternoon opening hours which had increased.
- 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.

**Good**



## Are services well-led?

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

**Good**



# Summary of findings

- 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 manage 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
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- It provided an enhanced service called 'Everyone Counts' which had resulted in 94.5% of patients aged over 65 years having a falls risk assessment and being given falls advice. Seventy four per cent of older people had been given an exercise booklet for balance and muscle strength.
- The practice worked as part of the integrated care management team which brought together community, mental health and social services to provide coordinated care for patients with complex needs.
- The practice was holding an afternoon tea with a guest speaker from the local Age UK to provide information and social contact for older people.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance against most diabetes related clinical indicators was in line with national averages including blood pressure and cholesterol indicators. There was a long waiting time for the community insulin initiation service, which was having a negative impact on the practice's performance against the blood sugar indicator.
- 100% of COPD (chronic obstructive pulmonary disease) patients had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (CCG average 88%, national 90%). The practice had 27 patients with COPD.

# Summary of findings

- 100% of patients with asthma had a review in the preceding 12 months that included an assessment of asthma control using the three Royal College of Physicians (RCP) questions (CCG average 75%, national 76%). The practice had 137 patients with asthma.
- 100% of those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more (a measure of stroke risk) were currently treated with anti-coagulation drug therapy (CCG average 85%, national 87%). The practice had 18 of these patients.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions 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 an integrated and multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. 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 had a policy for dealing with unaccompanied under-age children attending the practice.
- The uptake of the cervical cancer screening test was comparable to local and national averages and the practice was rated first in the CCG for cervical cytology uptake.
- Appointments were available outside of school hours and the premises were suitable for children and babies. There was an area for storing prams.

Good



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

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

Good





# Summary of findings

- 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.

## 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 and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, including those receiving palliative care.
- 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.

Good



## 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).

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- Performance against mental health related indicators was comparable with national averages.
- 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages for most aspects of the service provided. Three hundred and forty seven survey forms were distributed and 105 were returned. This represented three per cent of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried (national average of 76%).
- 74% of patients described the overall experience of this GP practice as good (national average of 85%).
- 54% of patients said they would recommend this GP practice to someone who has just moved to the local area (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 41 comment cards, 39 of which were wholly positive about the standard of care received. These patients said staff were friendly, welcoming, helpful and polite, and that they had received very good treatment and care from doctors who were thorough and attentive and listened well. Many commented that it was easy to get an appointment and that they were seen quickly. We received one negative comment saying there were not enough emergency appointments; and a second negative comment about a doctor being moody and not very warm.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

# Dr Teotia and partners

## 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 Adviser and a second CQC Inspector.

## Background to Dr Teotia and partners

Dr Teotia and partners, also known as Green Lane Surgery is in Dagenham in outer north east London. It is one of the 40 member GP practices in NHS Barking and Dagenham Clinical Commissioning Group (CCG).

The practice is located in the third more deprived decile of areas in England. At 78 years, male life expectancy is lower than the England average of 79 years. At 82 years, female life expectancy is lower than the England average of 83 years.

The practice has approximately 3,700 registered patients. It has more patients in the 0 to 14 years and the 20 to 44 years age ranges than the England average, and fewer in the 60 to 85+ years age ranges than the England average. Services are provided by Dr Teotia and partners under a Personal Medical Services (PMS) contract with NHS England.

The practice is housed in an end of terrace house adapted for the purpose of providing GP services. Patient areas are on the ground floor, and there is ramp access and a disabled toilet. There are four consulting rooms.

Two GP partners work at the practice, one full time and one part time, and together they make up 1.3 whole time

equivalent GPs (WTE). Patients have access to a male and a female GP. There is one part time nurse (0.4 WTE). The clinical staff are supported by a team of receptionist staff and a full time practice manager.

The practice's opening times are:

- 9.00am to 1.00pm and 2.30pm to 6.30pm every week day except Thursday.
- 9.00am to 1.00pm on Thursday.

Patients are directed to an out of hours GP service outside these times.

Face to face consultation appointments are available:

- 9.00am to 11.00am and 4.00pm to 6.30pm every week day except Thursday.
- 9.00am to 11.00am on Thursday.

In addition, there is an extended hours clinic from 6.30pm to 8.10pm on Monday and telephone consultations daily.

Dr Teotia and partners is registered with the Care Quality Commission to carry on the following regulated activities at Dr Teotia and partners, 872 Green Lane, Dagenham, Romford, Essex RM8 1BX: Diagnostic and screening procedures, Maternity and midwifery services, and Treatment of disease, disorder or injury.

## 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

# Detailed findings

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.

We had not inspected this service before.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 January 2017. During our visit we:

- Spoke with a range of staff (GPs, practice nurse, receptionist and practice manager) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had installed a separate dedicated electrical supply to the vaccine fridges.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities

and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, the practice nurse and the practice manager were trained to child protection or child safeguarding level 3.

- A notice in the waiting room 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
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The main GP partner was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. No areas for improvement had been identified at the last audit carried out on 26 January 2016. The curtains in consulting rooms were material and were visibly clean, however there was no system in place to make sure the curtains were cleaned or changed at least once every six months.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored, however a system was not in place to monitor their use to further mitigate risk of them being misappropriated. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- We reviewed one personnel file and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, and the appropriate checks through the Disclosure and Barring Service. While proof of identity had been established, for example when the employee was issued with the electronic patient record system Smartcard, the provider did not keep a copy of the proof of identity including a recent photograph, amongst its personnel records.

# Are services safe?

## 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 in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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.
- 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.

## 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 emergency alarm system which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the three of the consulting rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in areas of the practice that were secure and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits, adherence to local clinical pathways and outcomes monitoring.

### 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 95% of the total number of points available (CCG average 93%, national average 95%). The exception reporting rate for the clinical domain (combined overall total) was 6.5% (CCG average 9%, England average 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. We saw that the provider followed the standard criteria for exception reporting and also that they continued to work to improve exception reporting rates in those clinical domains where the practice's exception reporting rate was higher than average, for example atrial fibrillation, dementia and mental health. For example, the exception reporting rate for atrial fibrillation in 2015-16 was 19% (CCG average 7%, England average 7%) and this had been reduced to 15% at 17 January 2017.

The practice was an outlier for one QOF clinical target in 2015-16.

- The percentage of people with diabetes in whom the last IFCC-HbA1C (a measure of blood sugar levels) is 64 mmol/mol or less in the preceding 12 months was 59% (CCG average 67%, national average 78%). The

exception reporting rate was 7% (national average 12.5%). The provider explained this was due to long waiting times for the community insulin initiation service for patients with type 2 diabetes whose blood sugar could no longer be effectively medically controlled without the use of insulin.

Performance for other QOF and national clinical targets was in line with national averages, for example:

- Performance for other diabetes related indicators was comparable to national averages, for example, the percentage in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less was 88% (national average 78%), and the percentage whose last measured total cholesterol within the preceding 12 months is 5 mmol/l or less was 69% (national average 80%).
- Performance for mental health related indicators was comparable to the national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% (national average 88%). The practice had 17 patients with schizophrenia, bipolar affective disorder and other psychoses and the exception reporting rate was 5% (national average 13%). The practice was concerned that it may be under-diagnosing mental health conditions and had a plan in place to address this.

There was evidence of quality improvement including clinical audit.

- We saw there had been eight clinical audits carried out in the last 12 months, two of these were completed two-cycle audits where the improvements made were implemented and monitored. For example, one two-cycle audit showed that the practice had increased the percentage of patients diagnosed with diabetic nephropathy and subsequently treated in accordance with NICE guidance from 95.5% in 2014-15 to 96.2% in 2015-16. The second two-cycle audit showed the practice was keeping under review and was continuing to adhere to national guidance about prescribing diclofenac safely. Diclofenac is a medicine for various musculoskeletal conditions.
- The practice participated in local audits and benchmarking.



# Are services effective?

## (for example, treatment is effective)

### 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, confidentiality and the Mental Capacity Act 2005.
- 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, 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, basic life support and confidentiality. 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. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and worked with the carer to make a decision about treatment in the patient's best interests.

### 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.
- The practice nurse also provided advice about diet and exercise. Smoking cessation services were provided by local pharmacies.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 79% and the national average of 81%. The practice ranked first in the CCG for cervical cytology uptake. 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 and had, for example, completed an audit of patients who had not returned their bowel cancer



## Are services effective?

(for example, treatment is effective)

screening kit so they could be followed up. Uptake for the bowel cancer screening test was 35% (CCG average 43%, national average 58%), and was 62% for the breast cancer screening test (CCG average 60%, national 72%).

Childhood immunisation rates for the vaccinations given were above standard. The practice scored 9.6 out of 10 for childhood vaccinations up to age 2. The national average score was 9.1%.

The notes of 100% of patients with physical and/or mental health conditions recorded their smoking status in the preceding 12 months (CCG average 96%, national 95%). The practice had 573 of these patients.

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 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. However conversations in the reception area could be overheard since a new visual information system had been installed recently in the practice which did not provide background sound to mask conversations. The provider was looking to remedy this urgently.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All but one of the 41 patient Care Quality Commission comment cards we received were positive about the caring nature of the service experienced. These patients said they felt the practice offered an excellent service and staff were helpful, caring and supportive, and treated them with dignity and respect. We received one negative comment saying the doctor was moody and not very warm.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect in some areas. The practice's performance in the survey was in line with national averages in its satisfaction scores on consultations with GPs and nurses in the following areas:

- 84% of patients said they had confidence and trust in the last GP they saw (CCG 86%, national 92%)
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern, (CCG 84%, national 91%).

- 98% of patients said they found the receptionists at the practice helpful (CCG 84%, national 87%).
- 66% 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 87%.
- 72% of patients said the GP gave them enough time (CCG 78%, national 87%).

However the practice's performance was below the national average in the following areas:

- 59% of patients said the last GP they spoke to was good at treating them with care and concern (CCG 76%, national 85%).
- 56% of patients said the last GP they saw was good at involving them in decisions about their care (CCG 73%, national 82%).
- 60% 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%.

In response to these results, the GPs had completed online reading on consultation skills and were attending a consultation skills training course.

### 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 all but one of the 41 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 with the nurse:

- 83% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG 80%, national 85%).

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

## Are services caring?

- 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.
- The practice leaflet was available in community languages and in large print.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 39 patients as carers (one per cent of the practice list). The practice offered carers an annual health check and flu vaccination. Written information was available to direct carers to the avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP or the practice manager contacted them, to offer condolences, advice and support. Care was taken to produce the death certificate quickly for those families where the patient had been receiving end of life care and the death was expected to expedite funeral arrangements as required by some religions.

# 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.

- The practice offered an extended hours clinic on a Monday evening until 8.10pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them.
- 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.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice's opening times were:

- 9.00am to 1.00pm and 2.30pm to 6.30pm every week day except Thursday
- 9.00am to 1.00pm on Thursday.

Patients were directed to an out of hours GP service outside these times.

Face to face consultation appointments were available:

- 9.00am to 11.00am and 4.00pm to 6.30pm every week day except Thursday.
- 9.00am to 11.00am on Thursday.

Extended hours appointments were offered from 6.30pm to 8.10pm on Monday.

Telephone consultations were available between 11.00am and 12.30pm every weekday.

Appointments could be pre booked up to four weeks in advance and the practice aimed to see all patients requesting a routine appointment within 48 hours. 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 mixed.

- 85% of patients said they could get through easily to the practice by phone. The national average was 73% and the CCG average was 68%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 62%, national average of 76%).
- However, only 58% of patients were satisfied with the practice's opening hours (CCG average 73%, national average of 76%).

In response to this last finding the practice had changed its signage and edited the practice leaflet and practice website to clarify that the practice had recently changed and increased its afternoon opening hours, to 2.30pm to 6.30pm.

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 including a complaints leaflet available in the reception area.

We looked at two complaints received in the last 12 months and found they had been dealt with in a timely and open way. Lessons were learnt 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. For example, the GPs were reviewing record keeping practise.

# 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 clearly articulated aims and objectives.
- Staff demonstrated commitment to realising the practice's aims and an understanding of their role in achieving its objectives.

### Governance arrangements

The practice had an overarching governance framework to support the delivery of the aims and objectives 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.
- An understanding of the performance of the practice was maintained
- A programme of 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.

### 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys, feedback left on the NHS Choices website, and complaints received. The PPG contributed to the design of the annual practice patient survey and submitted proposals for improvements to the practice management team. For example, the practice had increased the number of GP consultation slots and the proportion of slots available for online booking, and online services had been increased to include access to medical records.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

# Are services well-led?

Good 

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

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 a focus on continuous learning and improvement at all levels within the practice. The practice had selected clinical audit topics that reflected its own interests and concerns and to maintain standards, as well as those required by the CCG, including bowel cancer screening and diabetes screening in women previously diagnosed with gestational diabetes.