

# Dr Poonam Chand Sharma

## Quality Report

Langthorne Health Centre  
13 Langthorne Road  
London  
E11 4HX  
Tel: 020 8430 7500  
Website:

Date of inspection visit: 15 December 2015  
Date of publication: 20/04/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Dr Poonam Chand Sharma	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

We carried out an announced comprehensive inspection at Dr Poonam Chand Sharma practice on 15 December 2015. 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 and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Patients said they found it easy to make an appointment with a named GP and that 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 improvements are:

- Ensure that there is an on-going programme of two cycle audit to demonstrate quality improvement.
- Ensure the appropriate pre-employment checks are sought and a record kept.
- Consider advertising translation services.
- Review patient access to female GP
- Ensure annual infection control audits are carried out in line with national guidelines.

### Letter from the Chief Inspector of General Practice

# Summary of findings

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- There had been no infection control audit carried out in the preceding three years.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out, but the practice had only completed one two cycle audit cycle and was not able to show how this was driving improvements in patient outcomes.
- 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 multidisciplinary teams 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.
- 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.
- 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 this.
- 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 GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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.

# Summary of findings

- There was a patient participation group; however further development was needed
- 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 took part in the avoiding unplanned admissions direct enhanced service, which means they have personalised care plans and are reviewed shortly after discharge from hospital.

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.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 96% compared with the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families.

- 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.

Good



# Summary of findings

- The percentage of women aged 25-64 whose notes record that cervical screening test has been performed in the preceding five years was 89% compared with the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

## **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.
- The practice held extended hours surgeries twice a week and was a part of a local network of practices that jointly offered patients appointments out of hours and on weekends.

**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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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).

**Good**





# Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive agreed care plan documented in their record in the preceding 12 months was 100% compared with the national average of 88%.
- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. Three hundred and seventy survey forms were distributed and 105 were returned. This represented 12% of the practice's patient list.

- 58% found it easy to get through to this surgery by phone compared to a CCG average of 61% and a national average of 73%.
- 69% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).
- 83% described the overall experience of their GP surgery as fairly good or very good (CCG average 77%, national average 85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. There was a recurring theme of friendly caring staff as well as being treated with respect.

We spoke with two patients during the inspection who were also a part of the patient participation group. Both patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice carried out an audit of the friends and family test results from December 2014 to November 2015, out of 163 responses, 69% said they would be extremely likely to recommend the practice to their friends and family, 23% said they would be likely, 2% said neither likely or unlikely and 0.6% said unlikely or extremely unlikely.

## Areas for improvement

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

The areas where the provider should make improvements are:

- Ensure that there is an on going programme of two cycle audit to demonstrate quality improvement.
- Ensure the appropriate pre-employment checks are sought and a record kept.
- Consider advertising translation services.
- Review patient access to female GP.
- Ensure annual infection control audits are carried out in line with national guidelines.

# Dr Poonam Chand Sharma

## 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 and a practice manager specialist adviser.

## Background to Dr Poonam Chand Sharma

Dr Poonam Chand Sharma Practice is located within a health centre, which houses two other GP practices in a residential area of East London. There are 2958 patients registered with the practice. The practice is a part of Waltham Forest Clinical Commissioning Group.

The practice has one full time male GP covering nine sessions per week, three part time female practice nurses covering five sessions a week, a practice manager, an assistant practice manager that also works as a receptionist and two part time receptionists. The practice operated under a General Medical Services Contract (a contract between NHS England and general practices for delivering general medical services and is the most common form of GP contract).

The practice was open Monday to Friday from 9:00am to 7:00pm; the phone lines were open from 9:00am to 6:30pm. Appointment times were as follows:

- Monday 9:00am to 11:30am and 4:30pm to 7:00pm.
- Tuesday 9:00am to 11:30am and 4:30 to 7:00pm.
- Wednesday 9:00am to 11:30am and 4:30pm to 6:30pm
- Thursday 9:00am to 11:30am. Doors close at 1:30pm

- Friday 9:00am to 11:30am and 4:30pm to 6:30pm.

The out of hours provider covers calls made whilst the practice is closed.

Dr Poonam Chand Sharma's practice operate regulated activities from one location and is registered with the Care Quality Commission to provide diagnostics and screening procedures, maternity and midwifery services, Treatment of disease disorder or injury and surgical procedures.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This location had not been previously inspected.

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.

## 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 15 December 2015. During our visit we:

- Spoke with a range of staff including a GP, a nurse, a practice manager and reception staff. We also spoke with patients who used the service.

# Detailed findings

- Observed how patients were being cared for.
- 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 a 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 practice regularly reviewed significant events and incidents.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw an incident reporting form and minutes of a meeting regarding an unwell patient who fainted in the premises, although it was concluded that there was nothing that the practice could have done differently to prevent the incident, it was agreed to purchase a screen to aid in moving patients that are temporarily immobile, as staff in the practice found it very difficult to move and manoeuvre the patient.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again, we saw an example of a written apology.

### 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 that reflected relevant legislation and local requirements and 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. The GP was the lead member of staff for safeguarding. The GP was not able to attend safe guarding case conferences but always provided reports where necessary for other agencies. Staff

demonstrated they understood their responsibilities and all had received training relevant to their role. The GP was trained to Safeguarding level 3 as were the nurses.

- A notice in the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role, but reception staff who had been acting as chaperones had not received a Disclosure and Barring Service check (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). However we saw by the end of the inspection that the practice had signed up with a company to carry out the DBS checks and we received proof of applications the day after the inspection was carried out.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The GP 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 not routinely undertaken, the last one was completed in 2013, but we saw evidence that an infection control audit was booked for January 2016.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example, proof of identification, references, checks and Disclosure and Barring Service checks, however these were long

## Are services safe?

standing members of staff, we reviewed the recruitment policy which stated that all new members of staff will be required to have a DBS check prior to employment with the practice.

- 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.

### 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. 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), this was undertaken with the Health Centre where the practice was based.

- 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 that 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 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.
- There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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 peoples' needs.
- The practice monitored that these guidelines were followed through meetings and education sessions.

### 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 2.2% exception reporting. (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 QOF showed;

- Performance for diabetes related indicators were above the national average. For example the percentage of patients on the diabetes register, with a record of foot examination and risk classification within the preceding 12 months was 96% compared with the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average at 85% for the practice compared with 84% nationally.
- Performance for mental health related indicators were above the national averages. 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% compared with the national average of 88%.

- There had been six clinical audits conducted in the last two years, one of these was a completed two cycle audit where the improvements made were implemented and monitored. The audit looked at two week wait referrals and a case study and included following up patients to ensure they received an appointment and attended it, this reduced delays in diagnosis by ensuring that appointments were given and not missed.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes provided by the CCG was used to make improvements to the lives of patients living with mental health disorders, such as signing up to the mental health and wellbeing and anti-coagulation clinic in the community to provide patients requiring these services care and treatment closer to home, which should increase their attendance of services and have a positive impact on patient care.

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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



# Are services effective?

## (for example, treatment is effective)

scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and infection control. 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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was regularly discussed at meetings.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, cancer with cancer, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Diet and smoking cessation advice was available on the premises.

The practice's uptake for the cervical screening programme was 89%, which was above the national average of 81%. 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 displayed in the waiting area and a proactive approach to providing appointments. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 88% and five year olds from 71% to 84%. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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 or area to discuss their needs.

All of the 18 patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 85% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 83% said the GP gave them enough time (CCG average 80%, national average 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%).
- 79% said the last GP they spoke to was good at treating them with care and concern (CCG average 78%, national average 85%).

- 80% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 90%).
- 93% said they found the receptionists at the practice helpful (CCG average 84%, national average 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 on the comment cards we received was also positive and aligned with these views.

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:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 81%).
- 78% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice was actively working to increase the number of carers on their practice list; we saw evidence of a meeting booked with the local carers lead to discuss ways of increasing this number.

## Are services caring?

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 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 was a part of a federated network of local practices providing out of hours and weekend appointments to patients locally, the GP is one of the Directors of this network.

- The practice offered extended hours on a Monday and Tuesday evening until 7:00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.
- The practice was actively seeking to employ or offer partnership to a new GP to increase capacity and offer more patient choice.
- There were no arrangements to enable patients to see a male GP if they requested one.

### Access to the service

The practice was open Monday to Friday from 9:00am to 7:00pm; the phone lines were open from 9:00am to 6:30pm. Appointment times were as follows:

- Monday 9:00am to 11:30am and 4:30pm to 7:00pm.
- Tuesday 9:00am to 11:30am and 4:30 to 7:00pm.
- Wednesday 9:00am to 11:30am and 4:30pm to 6:30pm.
- Thursday 9:00am to 11:30am. Doors close at 1:30pm.
- Friday 9:00am to 11:30am and 4:30pm to 6:30pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available on the day for people that needed them and there were telephone consultations available at the end of the GP sessions.

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.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 58% patients said they could get through easily to the surgery by phone (CCG average 61%, national average 73%).
- 65% patients said they always or almost always see or speak to the GP they prefer (CCG average 50%, national average 60%).

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.
- The practice manager was the lead person responsible for handling all complaints in the practice and worked closely with the assistant practice manager to do this.
- We saw that information was available to help patients understand the complaints system in the practice leaflet and displayed on a poster in the waiting area.

The practice received one complaint in the past 12 months, which we viewed and found that it was satisfactorily handled in accordance with the practice policy and was dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we looked at a complaint from a patient who received a letter from the practice regarding the breakdown in the relationship between themselves and the GP explaining that the patient had the option of registering with a different practice, the patient misinterpreted the letter thinking they had been removed from the practice

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

list, the practice wrote to the patient and apologised for the confusion and explained that the letter would be

re-worded to prevent any confusion in the future when using the letter for other patients. There were minutes of meetings where this complaint was discussed and learning shared.

# 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 staff knew and understood the values.
- The practice had a robust strategy and 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
- Audits were carried out and used to monitor quality.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of those relating to IPC and DBS checks for staff performing chaperone duties

### Leadership and culture

The GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. Safe, high quality and compassionate care was prioritised. The GP was visible in the practice and staff told us he was approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of 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 in doing so and felt supported if they did. We noted team away days were held every six months.
- Staff said they felt respected, valued and supported, all staff were involved in discussions about how to run and develop the practice, and the GP 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 and complaints received. There was an active PPG which met twice a year and submitted proposals for improvements to the practice management team. For example, as a result of the PPG and patient suggestions the practice installed an extra phone line to ease the phone congestion.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example,

## Are services well-led?

Good 

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

the practice was a part of a federated network of local practices providing out of hours and weekend appointments to patients locally, the GP is one of the Directors of this network.