

Dr Avinash Suri

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?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Avinash Suri on 10 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes. There had been no completed audits carried out in the 12 months prior to our inspection.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

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

The areas where the provider should make improvement are:

- Put systems in place so that an infection control audit of the practice takes place on an annual basis.
- Strengthen the use of systems such as clinical audit to monitor quality and to make improvements.

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 assessed and well managed.

Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average, except for some indicators for diabetes. The provider recognised this was an area for improvement and was putting an action plan in place to improve performance in this area.
- The practice had taken effective action to improve childhood immunisation rates. For example immunisation rates for the vaccinations given to the five years age group ranged from 54% to 81% in 2014-15, which had been improved to 85% to 96% in 2015-16.
- There was little evidence however that clinical audit was being used to drive improvement in performance systematically to improve patient outcomes. There had been no two-cycle audits completed in the 12 months prior to our inspection. Two-cycle audit is a system for finding out if changes to the way care is provided have been implemented and have led to improved outcomes.
- Staff had the knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff and a training plan was in place for the practice.

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 good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



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. For example the practice opened until 8.00pm on Mondays and on Saturday mornings.
- 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.

Good



Are services well-led?

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

- The practice had a clear vision to improve and prevent ill health and to deliver high quality, safe and professional care. 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 staff meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the vision and good quality care. However, arrangements to monitor and improve quality systematically needed strengthening.
- 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.

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. This included access to a Punjabi speaking doctor where required, meeting a particular need in the local community.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice ensured best practice was followed by working with other services and following care pathways, for example for respiratory conditions and for heart failure.

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.
- Patient outcomes were similar to the national average except for diabetes. The provider recognised this was an area for improvement and was putting an action plan in place to improve performance.
- 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.

Families, children and young people

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

Good



- 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 in 2015-16.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening uptake was comparable to other practices (practice 74%, CCG 79%, national 82%).
- 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 they were accessible, flexible and offered continuity of care to these people.
- 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.

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 other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients and their carers 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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. The practice had ten patients with dementia on its list.
- The practice's patient outcomes for mental health indicators were comparable with other practices. 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 89%
 - Whose alcohol consumption has been recorded in the preceding 12 month was 91% (CCG 91%, England 90%).
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and those with substance misuse.
- The practice had told patients experiencing poor mental health about how to access various support groups and other services.
- 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 were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and eighty five survey forms were distributed and 99 were returned. This represented four per cent of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 100% of patients were able to get an appointment to see or speak to someone the last time they tried (national average of 92%).
- 89% of patients described the overall experience of this GP practice as good (national average of 85%).
- 81% 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 43 comment cards of which all but three were very positive about the standard of care received. They said the phone was answered quickly and that it was easy to get an appointment; that staff were kind, caring, helpful and polite; and that staff provided good treatment and advice. There was no theme amongst the three negative comments received.

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

Eight two per cent of patients would recommend this practice in the Friends and Family Test. This result was based on 11 responses.

Dr Avinash Suri

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.

Background to Dr Avinash Suri

Dr Avinash Suri, also known as Hainault Surgery located in Hainault in north east London. It is one of the 47 member GP practices in NHS Redbridge Clinical Commissioning Group (CCG).

The practice serves a predominantly white population (89%) and is located in the fifth more deprived decile of areas in England. At 80 years, male life expectancy is greater than the England average of 79 years. At 84 years, female life expectancy is greater than the England average of 83 years.

The practice has approximately 2,700 registered patients and the age distribution is similar to the England average, with most patients in the 25 to 49 years age range. Services are provided by Dr Avinash Suri under a Personal Medical Services (PMS) contract with NHS England. Dr Avinash Suri is registered as an Individual with CQC.

The practice is in purpose built health care premises owned by the provider. The premises and facilities are accessible to wheelchair users. There is one consulting room and one treatment room. There is no patient car park.

Dr Suri works eight sessions a week and a female long standing locum GP works two sessions a week. Together they provide the equivalent of 1.1 whole time GPs. There is one part time nurse (seven hours per week). Clinical staff

are supported by a team of part time reception staff and part time practice manager (24 hours per week). One of the receptionists is a trained phlebotomist and takes blood samples at the surgery two mornings a week.

The practice's opening times are:

- 9.00am to 2.30pm and 4.00pm to 8.00pm on Monday.
- 9.00am to 2.30pm and 4.30pm to 7.00pm Tuesday, Wednesday and Friday.
- 9.00am to 2.00pm on Thursday.
- 9.30am to 12.30pm on Saturday.

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

Appointments are available between the following times

- 10.00am to 1.00pm and 5.00pm to 8.00pm on Monday.
- 10.00am to 1.00pm and 5.00pm to 7.00pm on Tuesday, Wednesday and Friday.
- 10.00am to 1.00pm on Thursday.
- 11.00am to 12.30pm on Saturday.

We inspected this practice before in June 2014 and in October 2015. Following the inspection in October 2015 we took enforcement action in relation to staff training. We also required improvement in relation to recruitment checks, equipment for dealing with medical emergencies, infection control, and governance systems and processes. The report can be found here: <http://www.cqc.org.uk/location/1-509917429>. At this inspection on 10 May 2016 we found the provider had remedied the shortfalls found during previous inspections.

Dr Avinash Suri is registered with the Care Quality Commission to carry on the following regulated activities at

Detailed findings

34 New North Road, Hainault, Ilford, Essex IG6 2XG:
Diagnostic and screening procedures; Family planning,
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 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 last inspected this service in October 2015. The report can be found here:<http://www.cqc.org.uk/location/1-509917429>.

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 10 May 2016.

During our visit we:

- Spoke with a range of staff (GP, practice manager and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed significant event reports 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, procedures were introduced to ensure the labelling of cytology pots was double checked before the samples were collected to ensure all the required patient details were present so that the test would not have to be repeated.

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 GP 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 and the nurse were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. At our last inspection we found not all staff that might be called upon to act as a chaperone had a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). At this inspection we found DBS checks had been completed for all staff carrying out chaperone duties. These staff had also been trained for the chaperone role.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The GP was the infection control lead. There was an infection control protocol in place and staff had received up to date training. At our last inspection we found not all actions arising from an infection prevention and control audit in 2014 had been carried out by the completion date of November 2014. At this inspection we found action had been taken to address the improvements identified as a result of the audit. The practice manager was making arrangements for the next infection control audit of the practice.
- 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 and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- At our last inspection we found information had not been kept which must be available in respect of recruitment checks carried out for each employee. No staff had been recruited since our last inspection,

Are services safe?

however the practice manager had set up a system to ensure that such information would be collected and retained for all newly recruited staff in future. They had also collated the information required for existing employees as far as they were able to. The provider had set out a new policy that every new employee would receive a DBS check and all existing staff had received a DBS check.

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 the local health and safety representative. The practice had an up to date fire risk assessment and had carried out a fire drill recently, in February 2016. 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 including legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs, however the provider was finding it difficult to cover the practice nurse when they were away. They mitigated this by taking on some of the

work themselves and they were also looking to develop the health care assistant role in the practice. Reception staff worked flexibly to ensure there was cover for planned leave in the reception team.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- The telephone system allowed a member of staff to alert the others if there was an emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- Since our last inspection the practice had purchased a defibrillator and this was available on the premises. Oxygen with adult and children's masks and a first aid kit and accident book were also 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 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, attendance at protected learning events, 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 89.5% of the total number of points available. The exception reporting rate overall was 6.1%, similar to the CCG average of 6.9% and lower than the England average of 9.2%. It was however much higher than average in certain clinical domains: atrial fibrillation (practice 36%, CCG 11%, England 11%) and depression (practice 67%, CCG 25%, national 24.5%). The provider told us they followed the standard criteria for exception reporting and that a particular difficulty for the practice was the high mobility of its population.

Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average, except for some indicators for diabetes:

- The percentage of patients whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (practice 61%, CCG 74%, England 81%).
The percentage of patients in whom the last IFCC-HbA1c is 64 mmol/mol (this is a measure of the patient's blood sugar level) or less in the preceding 12 months (practice 54%, CCG 70%, England 78%).

- The percentage of patients who have had influenza immunisation in the preceding 1 August to 31 March (practice 76%, CCG 89%, England 94%).

The provider told us that patients were increasingly having their influenza immunisation at their local pharmacy and there was no system in place to get this information from the pharmacy. They nevertheless recognised diabetes was an area for improvement and was putting an action plan in place to improve performance.

There was evidence of quality improvement systems being in place, including clinical audit, however we saw no examples of two-cycle clinical audits completed in the last 12 months. Two-cycle audit is a system for finding out if changes to the way care is provided have been implemented and have led to improved outcomes. We were shown a two-cycle audit around diabetes care, however this had been carried out in 2012 -13.

- There had been two clinical audits carried out in the last 12 months. One looked at the efficacy of joint injections and the other looked at prescribing methotrexate (a medicine used to treat arthritis). These were both first cycle audits and the second cycle of these audits was planned to take place within the next six to 12 months to see if changes made to the way in which care was provided had led to improvement in patient outcomes.

Information about patients' outcomes was used to make improvements such as childhood immunisations rates. For example, childhood immunisation rates for the vaccinations given to the five years age group ranged from 54% to 81% in 2014-15. This had been improved to 85% to 96% in 2015-16.

Effective staffing

At our last inspection in October 2015 we found staff did not have the skills, knowledge and experience to deliver effective care and treatment. At this inspection we found this shortfall had been remedied.

- The practice had an induction programme for all newly appointed staff. This covered such topics as incident reporting, health and safety, and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.

Are services effective?

(for example, treatment is effective)

- 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, and clinical supervision and facilitation and support for revalidating the GP and nurse. All staff had received an appraisal within the last 12 months.
- At our last inspection we found staff were not up to date with safeguarding vulnerable adults, infection control and basic life support training. At this inspection we found staff had since received this training, and also training in fire safety awareness and information governance. The provider had put in place a system to review staff training records on a regular basis to ensure staff remained up to date and to ensure new recruits completed mandatory training in a timely way.

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 including using care pathways, 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.

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 nurse assessed the patient's capacity and worked with the patient's carer to make a decision about treatment in the patient's best interests where necessary.

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, and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A substance misuse clinic was held at the practice once a week.

The practice's uptake for the cervical screening programme was 74%, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to the 12 months age group ranged from 86% to 95%, and to the five years age group from 54% to 81%. The practice had improved the range of immunisation rates for the vaccinations given to the five years age group to 85% to 96% in 2015-16.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All but three of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

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. The practice was in line with other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 79.5% of patients said the GP gave them enough time (CCG average 82%, national average of 87%).
- 94% of patients said they had confidence and trust in the last GP they saw (CCG average 93%, national average of 95%).

- 78% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average of 85%).
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 82%, national average of 91%).
- 91.5% of patients said they found the receptionists at the practice helpful (CCG average 78%, national average of 87%).

Care planning and involvement in decisions about care and treatment

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

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:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average of 82%).
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 75%, national average of 85%).

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

- Clinical and non clinical staff spoke community languages in addition to English and translation services were for other languages to support patients who did not have English as a first language where required.
- The practice recognised the role of carers in supporting patients to be involved in decisions about their care.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 147 patients as carers (5.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP usually visited them. Information and advice was available 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.

- The practice opened until 8.00pm on Mondays and on Saturday mornings 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 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 and translation services available, including British Sign Language.

Access to the service

The practice's opening times were:

- 9.00am to 2.30pm and 4.00pm to 8.00pm on Monday.
- 9.00am to 2.30pm and 4.30pm to 7.00pm Tuesday, Wednesday and Friday.
- 9.00am to 2.00pm on Thursday.
- 9.30am to 12.30pm on Saturday.

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

Appointments were available between the following times

- 10.00am to 1.00pm and 5.00pm to 8.00pm on Monday.
- 10.00am to 1.00pm and 5.00pm to 7.00pm on Tuesday, Wednesday and Friday.
- 10.00am to 1.00pm on Thursday.

- 11.00am to 12.30pm on Saturday.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were available for people that needed them. Most patients requiring a routine appointment were seen within 24 hours.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment compared well with local and national averages.

- 94% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 97% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

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 in the waiting area to help patients understand the complaints system, including a leaflet about the NHS complaints advocacy service.

We looked at the one complaint received in the last six months and it had been satisfactorily handled, in a timely way, and the provider had been open and transparent in their response to the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the GP had undertaken to always offer patients a chaperone to provide them with extra reassurance if needed.

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 vision to improve and prevent ill health and to provide a high quality, safe and professional service. Plans were in place to increase the capacity of the practice to improve outcomes for patients still further by recruiting additional practice nurse hours and / or developing a health care assistant role within the practice. The provider was also planning to recruit a partner with a view to them taking over the practice in the future.

Governance arrangements

There were governance arrangements to support the delivery of care. The use of systems such as clinical audit to make improvements in the quality of care where necessary should be strengthened however.

- There was a clear staffing structure and 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. The provider recognised the need to improve outcomes for patients with diabetes and was putting an action plan in place to improve performance.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

At our last inspection we found the practice manager did not feel supported to carry out some elements of their role, for example around staff training; and that staff did not always feel their concerns were addressed or that they were involved and engaged to improve how the practice was run. At this inspection we found these shortfalls had been remedied.

- A system had been put in place for monthly staff meetings, and for action to progress the decisions made at these meetings to be monitored by the whole staff team. Staff welcomed this time being regularly put aside, and it was being used to go over the practice's policies and procedures and training, as well as discussing problems and concerns.

- The provider and practice manager had developed together a training checklist for the practice and were meeting monthly to review progress against the checklist. Staff told us training needs were being identified in a more consistent and open way and they felt more able to request any additional training they needed.

The provider told us they prioritised safe, high quality and responsive care, and staff shared these commitments. Staff told us they enjoyed how everyone at the practice worked together and helped one another to give the best service possible to patients.

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.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, they had discussed the results of the national GP survey with the provider and agreed a plan with them to address the areas where the practice could do better. The PPG was also working with the practice to improve the uptake of online services.
- The practice had gathered feedback from staff through staff meetings and appraisals which it acted on. For

Are services well-led?

Good 

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example, reception staff had put forward a new system for issuing repeat prescriptions which had been adopted by the GP. The new system reduced the pressure on reception staff while still ensuring patients received their repeat prescription within 48 hours. Staff told us they would not hesitate to give feedback or raise any issues and felt supported in doing so.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff regularly took time out to review performance to maintain high performance and to identify areas for improvement. For example effective action had been taken to improve childhood immunisations rates in 2015-16.