# Haiderian Medical Centre

## Quality Report

181 Corbets Tey Road
Upminster
Essex
RM14 2YN
Tel: 01708 225161
Website: www.haiderian.co.uk

Date of inspection visit: 25 March 2015
Date of publication: 17/09/2015

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



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at the Haiderian Medical Centre on 25 March 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing well-led, effective, caring, safe and responsive services. It was also good for providing services for the care provided to 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 and people experiencing poor mental health (including people with dementia).

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and that 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. For example same day urgent appointments were available.
- 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.

**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?**

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, reviewed and addressed. Risks to patients were assessed and well managed. There was enough staff to keep patients safe. The practice had systems in place to ensure patients were safe including safeguarding and chaperone procedures, and processes to ensure the safe management of medicines. Patients were treated in a clean environment and processes were in place to monitor infection control. Equipment was fit for purpose and maintained regularly.

**Are services effective?**

Good

The practice is rated as good for providing an effective service. Data showed patient outcomes were at or above average for the locality. National Institute for Health and Care Excellence (NICE) guidance was routinely referenced and used. People's needs were assessed and care was planned and delivered in line with current legislation. This included assessment of capacity and the promotion of good health. Staff received appropriate training for their roles. The practice completed appraisals and personal development plans for all staff. Multidisciplinary working was evidenced. The practice was able to demonstrate completed audit cycles where changes had been implemented and improvements made.

**Are services caring?**

Good

The practice is rated as good for providing caring services. Data showed patients rated the practice higher than others in the locality for several aspects of care. For example 93% of patients found the receptionists at the surgery to be helpful, which was above the Clinical Commissioning Group (CCG) average of 87%. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We saw that staff treated patients with kindness and respect ensuring confidentiality was maintained. The practice had an active Patient Participation Group (PPG) which met regularly to discuss practice concerns and to develop the annual patient survey.

# Summary of findings

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

Good

The practice is rated as good for responsive. The practice reviewed the needs of their local population through Clinical Commissioning Group (CCG) data, Joint Strategic Needs Assessments (JNSA) and practice level data analysis. Patients reported good access to the practice and 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 an accessible complaints system with evidence that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

**Are services well-led?**

Good

The practice is rated as good for well-led. The practice had a clear vision and strategy to deliver a high level of service to 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, including infection prevention and control and medicines management, to govern activity. Monthly governance meetings also took place. There were systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff and patients and this had been acted upon. The practice had an active Patient Participation Group (PPG). Staff had received inductions, performance reviews and attended staff meetings.

# 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**

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people For example 72% of patients had received a flu vaccination. All patients had a named GP and this was recorded within their notes The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice visited a care home on a weekly basis and worked with staff to provide a full service of care.

**People with long term conditions**

Good

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. Longer appointments and home visits were available when needed. All patients with long term conditions had a named GP and a structured annual review to check that their health and medication needs were being met. For example, the practice had undertaken annual reviews for 91% of patients on the chronic obstructive pulmonary disease (COPD) register and 83% of patients had an agreed care plan. For those people 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**

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, 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. For example the practice vaccinated 86.4% of children with the MMR vaccination. 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. Appointments were available outside of school hours and the premises were suitable for children and babies, this included baby changing facilities. We saw good examples of joint working with midwives, health visitors and school nurses.

# Summary of findings

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

Good

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 including online booking. The practice provided a full range of health promotion and screening that reflected the needs for this age group.

**People whose circumstances may make them vulnerable**

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. It had carried out annual health checks for people with a learning disability and 90% of these patients had received a follow-up. The practice offered longer appointments for people with a learning disability and those who needed the support of telephone interpreting services.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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. The GP also provided a report for the transition of young people in social services care to adult services.

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

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). All patients on the practice mental health register had received an annual health check and review. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice advised patients experiencing poor mental health how to access support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) who may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs including dementia.

# Summary of findings

## What people who use the service say

During our inspection we spoke with four patients at the surgery and collected 28 CQC comment cards that had been completed by patients.

Patients were happy with the service provided and said that they were treated with respect and well cared for. Patients told us that they were involved in the decision making process regarding their treatment, and were given information about all the treatment options available to help them to make choices.

Patients we spoke with who were receiving on-going treatment were happy with the way their care was being managed and they were kept informed at all times.

We reviewed the National GP Patient Survey 2014 and found that 84% of patients that completed the survey rated the overall experience as good. The practice scored particularly well in being able to get through to the practice on the telephone (94%), which was higher than the Clinical Commissioning Group (CCG) average of 73%, and patients being happy with opening times (86%) which was also higher than the CCG average of 70%. Areas which the practice had poorer scores included patients being able to speak to their preferred GP (57%) compared to the CCG average of 62%. In the latest patient survey carried out by the practice, 89% of patients who completed the survey were satisfied with the overall service provided by the practice.

## Areas for improvement

# Haiderian Medical Centre

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC Lead inspector. It included a GP advisor and a practice manager who were granted the same authority to enter the Haiderian Medical Centre as the Care Quality Commission (CQC) inspector.

## Background to Haiderian Medical Centre

The Haiderian Medical Centre is a surgery located in the London Borough of Havering. The practice is part of the NHS Havering Clinical Commissioning Group (CCG) which is made up of 49 practices. It currently holds a Primary Medical Service (PMS) contract and provides NHS services to 4746 patients.

The practice serves a diverse population. Patients are predominantly White British but there is a small population of Asian, African and Chinese patients. The practice has a large older population and 12% of the population is under the age of 14. The practice has two sites, one in Corbets Tey Road and a second in Dorkins Way. The main practice (Corbets Tey Road) is situated within a large converted house. Consulting rooms are situated on ground level with easy access for those with impaired mobility.

There are currently two GP's (all female), two practice nurses, administrative staff and a practice manager who is also a partner. The main practice located in Corbets Tey road is open between 8am and 7pm on a Monday, Thursday and Friday with appointments available between 8.30am and 12.30pm then 1.30pm to 6.30pm. On Tuesdays the practice is open between 8am and 8pm with appointments between 8.30am and 12.30pm then between 1.30pm and 6.30pm with extended hours between 6.30pm and 8pm. The practice opens Wednesday between 8am and 6.30pm with appointments between 8.30am and 12.30pm. The practice does not hold a surgery on a Wednesday afternoon. Patients are signposted to the local out of hours provider. The second practice in Dorkins Way surgery is open between 8am and 2pm each week day and offered appointments between 8.30am and 1.30pm. The practice opted out of providing an out of hours service and refers patients to a local out of hours provider or the '111' service.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures (not currently undertaken) and the treatment of disease, disorder or injury.

The practice provides a range of services including child health and immunisation, minor illness clinic, smoking cessation clinics and clinics for patients with long term conditions. The practice also provides health advice, family planning and travel clinics.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 25 March 2015, as part of our regulatory functions. This inspection was planned to check whether the provider is

# Detailed findings

meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of service, and to provide a rating for the service under the Care Act 2014.

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

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations including Havering Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced visit on 25 March 2015. During our visit we spoke with a range of staff including GPs, practice nurses, practice manager and administration staff. We spoke with patients who used the service including representatives of the Patient Participation Group (PPG). We reviewed 28 completed Care Quality Commission (CQC) comments cards where patients and members of the public shared their views and experiences of the service. We observed how people were being cared for and reviewed the personal care or treatment records of patients. We also talked with a local care home that the practice provided a service to.

Good

# Are services safe?

## Our findings

**Safe track record**

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, the practice used reported incidents and national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. For example an incident occurred where a patient was wrongly booked to see the GP because they shared the same name as another patient. The consultation was carried out under the wrong identity and it was when the patient presented at the pharmacy that they realised that the name and address on the prescription was wrong. The practice reviewed their policy and ensured that there are two separate checks made to identify a patient at the time of booking an appointment.

We reviewed five significant event reports recorded in 2014 and found these were discussed in practice meetings. This showed that the practice had managed these consistently over time and could evidence a safe track record.

**Learning and improvement from safety incidents**

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last three years and we were able to review these. Significant events were a standing item on the practice meeting agenda and a dedicated meeting was held six monthly to review actions from past significant events and complaints. There was evidence that the practice had learned from these and that the findings were shared with relevant staff.

Staff used incident reporting forms placed within the reception area and sent completed forms to the practice manager. We were shown the system used to manage and monitor incidents. We tracked two incidents and saw records were completed in a comprehensive and timely manner. For example, we saw evidence of action taken as a result of a backlog of blood tests due to staff sickness and a lack of an assigned person to process the tests. Staff were assigned and an annual leave cover rota was established to ensure the tests were processed in the correct time span. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology, with the opportunity to provide feedback and informed of the actions taken. The practice kept an action log of incidents were action was required. This was worked through by the practice and reported at practice meetings.

National patient safety alerts were disseminated by the practice manager to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. For example an alert was issued regarding the Ebola crisis in West Africa. A search of practice records was undertaken but it was found that no patients were in a high risk category. Staff were informed of the processes to follow and notices were put up within the practice. They also told us alerts were discussed in practice meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action. Evidence of this was found within the practice meeting minutes.

**Reliable safety systems and processes including safeguarding**

The practice had systems in place to review risks to vulnerable children, young people and adults. All staff had received both safeguarding and child protection training. Clinical staff had received Level three child protection training and reception staff had received Level two child protection training. We asked members of both the clinical and non-clinical team about the training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were aware of their responsibility to report any concerns and how to contact the relevant agencies. Contact details were easily accessible within the practice office. The practice had a dedicated GP lead for safeguarding and staff were aware of this and that they could speak to the GP if they had a concern.

A chaperone policy was in place and visible in the waiting area and in consulting rooms. Chaperone training had been undertaken by non-clinical staff who were on the practice chaperone list. All staff understood their responsibilities when acting as chaperones including where to sit during the consultation. The practice had a detailed chaperone policy with guidance for staff to follow. All chaperones had received a Disclosure and Barring Service (DBS) check.

The practice used the required codes on their electronic case management system to ensure that children and

young people who were identified as at risk, including those who were looked after or on child protection plans, were easily identifiable. The practice used a risk stratification tool to highlight vulnerable children and adults that were frequent hospital emergency department attenders. Those patients that were flagged were placed on the practice vulnerable patients list which was reviewed in clinical meetings. The safeguarding lead was aware of vulnerable children and adults and demonstrated good liaison with local social services which included meetings with health visitors and social workers. GPs attended child protection hearings in person or provided a report if unable to attend.

**Medicines management**

We checked medicines stored in the treatment rooms and within the medicine refrigerator and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures. This also described the action to take in the event of a potential failure.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. Medicines were stored in unlocked cupboards within the locked nurse's room.

The practice used a system to log the presence of vaccines in the practice. This included recording the batch number, expiry date, arrival in the practice and when the vaccine was given. The system flagged when a vaccine was close to the expiry date and in need of replacement.

Vaccines were administered by the practice nurse in line with legal requirements and national guidance. We saw evidence that the practice nurse had received the appropriate training to administer vaccines.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

**Cleanliness and infection control**

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and that cleaning records were kept. Patients told us they always found the practice clean and had no concerns about cleanliness. The practice employed an external cleaning company and we viewed the cleaning log held. Any concerns regarding cleaning were raised directly with the company by the practice manager. The practice manager undertook a monthly audit of the cleaning and fed this back to the cleaners.

The practice had a GP and administrative lead for infection control who shared responsibility. Both leads had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and also received annual updates. We saw evidence that an infection control audit had been carried out by the practice and that improvements identified for action had been completed on time. Minutes of practice meetings showed that the findings of the audits were discussed.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. The policy included spillage management, specimen handling and routine equipment decontamination. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal).We saw records that confirmed that legionella was assessed in February 2015 in line with this policy to reduce the risk of infection to staff and patients.

**Equipment**

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date of January 2015. A schedule of testing was in place. We saw

evidence of calibration of relevant equipment; for example baby scales, diagnostic set, digital blood pressure monitors, spirometers, thermometers, ultrasound and vaccine fridges. Calibration last took place in January 2015.

**Staffing and recruitment**

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. The practice manager maintained a staffing schedule to ensure enough staff were sent to cover the practice and to plan for any shortage of staff through sickness, external training or annual leave.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

**Monitoring safety and responding to risk**

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Risks that occurred within the practice were discussed within clinical team meetings where an action plan was established. The plan was then disseminated to the remainder of the staff team through the practice meeting.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being. For example staff gave examples of where acutely ill children had been brought to the practice by their parents and had been seen as an emergency by the GP. Clinical staff spoke about ensuring that patients with a long term condition were referred to secondary care if it was noticed through their health review that their condition was deteriorating. We viewed minutes of meetings between the practice and the district nurse team that discussed the ongoing care of patients with a long term condition and those on the practice vulnerable patients register.

**Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were available within the nurse's room and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis (a life threatening allergic reaction that can develop rapidly) and hypoglycaemia (low blood sugar level). Processes were in place to ensure that emergency medicines were within their expiry date and suitable for use which included a log of medicines and expiry dates which was checked on a monthly basis. All medicines soon to expire were re ordered before the expiry date. Medicines we checked were in date and fit for use. The practice had a contract with an oxygen supply company who automatically came to replace oxygen prior to expiry.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to (for example, contact details of a heating company to contact if the heating system failed).

Good

# Are services safe?

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills. The practice had a fire safety log book and tested the fire alarms on a weekly basis.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of both clinical and practice meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GPs told us they had specialist interest areas such as gynaecology and alcohol abuse. They were supported by colleagues in these areas. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us they supported all staff to continually review and discuss new best practice guidelines for the management of respiratory disorders. Our review of the clinical meeting minutes confirmed that this happened.

National data showed that the practice was in line with referral rates to secondary and other community care services for all conditions. All GPs we spoke with used national standards for the referral of suspected cancers and mental health conditions. We saw minutes from meetings where regular reviews of elective and urgent referrals were made, and that improvements to practice were shared with all clinical staff.

The practice used a risk stratification tool to ensure that patients who may be at a higher risk and needed a more detailed needs assessment were identified. The tool identified the top 2% of a particular group, for example patients with a high attendance at accident and emergency (including older patients), long term conditions and those patients with mental health concerns. Best practice guidance was used to discuss these issues with patients and provide the most up to date care. All unplanned admissions to hospital were reviewed in clinical meetings and we were shown minutes of the meetings to confirm this. We viewed five care plans for those patients identified and saw how a plan was put in place with the practice to effectively manage their health concerns which included health checks and regular reviews. Patients were referred to local services for further testing and diagnosis. A structured annual medication review was in place for all patients that received more than four medicines and were over the age of 75.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

**Management, monitoring and improving outcomes for people**

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the practice manager to support the practice to carry out clinical audits.

The practice had a system in place for completing clinical audit cycles. The practice showed us six clinical audits that had been completed within the last 12 months. Following three of the clinical audits, changes to treatment or care were made where needed and the audit repeated to ensure outcomes for patients had improved. For example, an audit into the prescribing of Diclofenac (an anti-inflammatory medicine used to treat conditions such as arthritis) was carried out to identify patients on the medication. The original audit in 2013 showed that 19 prescriptions for the medicine had been issued over a three month period. The practice aimed to reduce the amount of prescriptions issued due to the risks involved with the medication and offer alternatives. The audit was repeated in 2015 and showed a reduction had been achieved by only five prescriptions being issued. The results of the audit was discussed within practice meetings.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards

Good

# Are services effective?

## (for example, treatment is effective)

practices for managing some of the most common long-term conditions and for the implementation of preventative measures). For example, we saw an audit following an MHRA alert regarding the prescribing of medicines containing Strontium (a chemical element used in the treatment of osteoporosis). The initial audit in 2014 showed three people who were taking Strontium and at the follow up audit in February 2015, two patients were identified. No patients had any noted affects from taking the medication. Following the audit, the GPs carried out medication reviews for patients who were prescribed these medicines and altered their prescribing practice, in line with the guidelines. GPs maintained records showing how they had evaluated the service and documented the success of any changes.

The practice submitted information to the Quality and Outcomes Framework (QOF) which compared data from the practice and the local Clinical Commissioning Group (CCG) as a whole against the national average. The latest available QOF data showed that overall the practice was performing above the CCG average (92.1%) and the national average (93.5%) achieving 98.6%. This was a general figure which included all areas that QOF covered (clinical care, how well the practice was organised, and the amount of extra services offered by the practice). The practice used this information to ensure that they were on target to deliver a good service and to discuss, in both clinical and practice meetings, how service could be improved.

The practice used the information they collected for QOF and their performance against national screening programmes to monitor outcomes for patients. For example, 70.2% of patients over 65 years of age had received a flu vaccination. The practice was not an outlier for any QOF (or other national) clinical targets.

The clinical team was making use of Clinical Commissioning Group (CCG) benchmarking against other practices which included reviewing patient attendance at hospital accident and emergency (A&E) departments. Patients were contacted by the practice if they attended A&E regularly and reminded them of the services provided at the practice. Clinical meetings were used to discuss and reflect on how the systems at the practice could be improved to achieve better outcomes for patients.

Staff checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that patients had received appointments for all routine health checks for long term conditions such as diabetes and the latest prescribing guidance was being used.

**Effective staffing**

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. We noted a good skill mix among the doctors with one having a special interest in gynaecology and another in alcohol and substance misuse. The principal GP was up to date with their yearly continuing professional development requirements and was revalidated in June 2014. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). The salaried GP was to be revalidated by the end of 2015.

All staff undertook annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was proactive in providing mandatory training but further training identified by staff was not routinely offered. For example any training to further their career development within the practice.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties (For example, on administration of vaccines and cervical cytology). Those with extended roles for example undertaking asthma reviews and the monitoring of diabetes and chronic obstructive pulmonary disease (COPD) were also able to demonstrate that they had appropriate training to fulfil these roles.

Staff were involved in weekly peer learning training sessions with other local practices which covered areas such as female genital mutilation, a review of depression pathways and paediatric integrated asthma pathways. The GPs were also involved in learning events held by the Clinical Commissioning Group (CCG). Learning from these sessions was shared with the practice team.

Good

# Are services effective?

## (for example, treatment is effective)

Staff files we reviewed showed that where poor performance had been identified, appropriate action had been taken to manage this.

**Working with colleagues and other services**

The practice engaged with other health services to ensure a multi-disciplinary approach to the care and treatment of those with complex care issues.

We were informed that the practice had good working relationships with the family nurse for young mothers who were responsible for children under the age of two and the local palliative care team. We were also told that the end of life care nurse was based at a local hospice and routinely approached the practice if they had any concerns.

Blood tests, X ray results, hospital letters, information from out of hour's providers and the 111 service were received by the practice electronically, reviewed by the administration staff and passed to the GP or nurse to take the appropriate action within 48 hours. All staff understood their role and felt that the system in place worked well.

The practice held monthly multidisciplinary meetings to discuss the needs of complex patients, for example those with long term conditions. The meetings were attended by the practice's appointed frail patient's home visitor, community matrons, district nurses and social workers as necessary. Decisions about care were documented in a record card accessible to all members of staff at the surgery to enable continuity of care. The practice also held a quarterly palliative care meetings attended by the local multidisciplinary care team including, practice GPs, nurses and the palliative care nurse. We reviewed minutes for the last three meetings which provided a patient update and the action that was to be taken. We were told that further meetings would be called in the interim period if the need arose. We were informed that the Clinical Commissioning Group (CCG) lead for safeguarding no longer visited the practice for meetings as the practice had not recorded any children on the at risk register.

**Information sharing**

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made all referrals last year through the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). Staff reported that this system was easy to use.

For emergency patients, there was a policy of providing a printed copy of a summary record for the patient to take with them to A&E. One GP showed us this task using the electronic patient record system, and highlighted the importance of this communication with A&E.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. We saw evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified. The system was also used to text test results to patients who signed up for the facility.

**Consent to care and treatment**

Clinical staff at the practice had received training in the Mental Capacity Act 2005 and the Children's and Families Act 2014. This training had been cascaded to non-clinical staff members through practice meetings. The clinical staff that we spoke with were aware of the key parts of the legislation and were able to demonstrate how it was implemented in practice. We were informed that most patients were able to give consent but if they lacked capacity, the GP would discuss with family members or carers and record best interest decisions in the patient notes.

All clinical staff demonstrated a clear understanding of Gillick competencies (these help clinicians to identify children aged under 16 who have legal capacity to consent to medical examination and treatment). We were provided with the practice policy for determining the capacity of patients under 16 to give consent and the procedure for the practice to follow. The practice maintained a list of patients where Gillick competencies were needed to assess consent.

Good

# Are services effective?

## (for example, treatment is effective)

There was a practice policy for documenting consent for specific interventions. For example, for all intrauterine coils fitted, a patient's verbal consent was documented in the electronic patient notes with a record of the relevant risks and benefits of the procedure.

**Health promotion and prevention**

All new patients were offered a consultation with the practice nurse to discuss the patient's lifestyle and to provide information to help improve their lifestyle. This included healthy eating and exercise leaflets and smoking cessation advice. Chlamydia testing and advice was also offered as part of the initial patient consultation for those patients within the age range for this testing. Sexual health advice was offered to young people and those that may be vulnerable. Patients were signposted to other health organisations that could be of service if an issue was identified. The practice also offered a full children's immunisation programme. In 2013, the practice vaccinated 86.0% of children with the MMR vaccine. No comparable data from the Clinical Commissioning Group (CCG) was available. The practice telephoned patients who did not attend for vaccinations as a reminder and to encourage attendance.

The practice shared the care of mothers and children with the community health visitor team and the practice nurse to provide antenatal care and support to new parents, including weekly baby clinics which provided baby monitoring and post natal checks. The practice worked to support school nurses. Support for the families of premature babies was also given. The practice operated a register of children at risk, however there were currently no names on the list. Social services care and GP's attended joint meetings to discuss care when issues arose. The GP also provided a report for the transition of young people in social services care to adult services. Both routine and emergency appointments were available outside school times.

The practice offered annual health checks and advice to all patients with specific checks for those placed on the long term conditions register which included structured annual reviews, diabetes checks and blood pressure monitoring. Chronic obstructive pulmonary disease (COPD) checks were also carried out and included spirometry checks (measuring lung function). The practice had undertaken annual reviews for 91% of patients on the practice COPD register and 83% of patients on the register had care plans.

The reviews included a medicines check to ensure medicines were still relevant to the condition. The practice ran a nurse led diabetic clinic which was identified as a local health concern.

The practice undertook brain natriuretic peptide (BNP) testing to monitor hormones within the blood. This testing was responsible for the early identification of BNP within six patients. Therefore patients received early treatment to prevent potential severe heart failure.

Smoking status was added to patient records and smoking cessation classes were run on an ad hoc basis. The practice was unable to provide data regarding smoking cessation quit rates. The practice proactively monitored patients who may be at risk of developing a long term illness through the practice computer system. These patients were called in on an annual basis for a health check to monitor any developments.

Patients over the age of 75 had a named GP which was recorded within the notes. A weekly ward round was conducted at a local care home where all residents were registered with the practice. Multidisciplinary meetings were held with the staff of the care home, community matrons and palliative care team.

The practice held a register of twelve patients with poor mental health of which all had an agreed care plan. The practice provided annual physical health checks to patients on the register along with regular mental health reviews. The practice worked with the care home in the advanced care planning for patients with dementia and attended multidisciplinary care reviews to discuss these cases. Each patient on the older persons register received a named GP contact. The practice also attended meetings with the local mental health teams to discuss the case management of patients on the mental health register where the GP's provided regular health reports for the meetings. The practice referred patients to the local memory service for assessment, and supported patients to self-help and manage any concerns in their own home. A community counselling service was also available. The practice met with the local learning disabilities team to discuss patients on the learning disabilities register. Ninety percent of patients on the learning disabilities register had received an annual health check.

Good

# Are services effective?

## (for example, treatment is effective)

Flu vaccinations were offered to all patients with 70.2% of over 65's and 56% of patients on the at risk registers receiving the vaccination. The practice was working to improve these figures.

The practice had an 81% uptake for cervical screening which was higher than the latest CCG average of 73.4% (2011/2012). The practice was aware that this figure was in need of improvement and were promoting this service within the practice and sending reminders to those patients that were due for screening.

Support was given to working people who became ill through medical certificates and the fit note system. However the practice did not audit these certificates.

Health advice leaflets were available within the reception area or direct from the nurse. However leaflets were only available in English. Patients were signposted to other organisations that could provide health advice.

Good

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the National Patient Survey 2014 and annual patient survey undertaken by the practice. The evidence from these sources showed patients were positive about the service they received, that they were listened to by staff and treated with respect. Data from the National GP Patient Survey (278 surveys were sent out and 114 surveys were returned) showed that 93% of patients found the reception team at the surgery helpful, which was above the Clinical Commissioning Group (CCG) average of 87%. The survey also showed that 86% said that the last GP they spoke to gave them enough time, which was above the CCG average of 83%. In the latest practice survey, 88% said that the overall experience of seeing a GP at the practice was good.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 28 completed cards and the majority were positive about the service experience. Patients commented staff were very efficient and involved them in the planning of their treatment. They also told us that the environment was clean and safe.

We also spoke with four patients on the day of inspection, who were happy with the service provided.

Staff told us that all consultations were carried out in the privacy of the consulting room. Disposable curtains were provided in consulting rooms so that patient dignity was maintained during examinations. We noted that the doors to the consulting rooms were closed during a consultation to increase confidentiality. The practice provided a chaperone for any patient that made a request for one. Information on the chaperone service was on display in the reception area.

We noted that there was a small distance between the waiting area and the reception desk to ensure patients were not overheard at the desk by those waiting for an appointment. A spare clinical room was a designated area for any patient that wished to talk to a member of staff in private before their consultation.

Staff told us that the practice had a culture of ensuring that patients were treated equally. For example, patients experiencing poor mental health or in vulnerable circumstances were able to access the service without fear of prejudice, and staff treated them equally.

**Care planning and involvement in decisions about care and treatment**

Patient survey information that we viewed showed patients responded positively to questions about their involvement in the planning of their care. For example, the National GP Patient Survey showed that 79% of patients said that the GP was good at involving them in their care which was above the CCG average of 75%, and 86% said that the GP was good at explaining test results and treatments, which was also above the CCG average of 81%.

Patients we spoke with on the day had no concerns over involvement in their treatment. All patients said that they were fully involved in the decision making process and that all the options for treatment were explained to them. They also told us they felt listened to and supported by staff to make an informed decision about the choice of treatment they wished to receive without being rushed.

Staff told us that translation services were available for patients who did not have English as their first language. Patients were asked by the receptionist if they required a translator and the service was also publicised in reception.

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

The survey information we viewed showed that people were positive about the emotional support that was provided by the practice. People told us that when they needed emotional support the GP would offer support through providing an appropriate referral to another service or by providing information of how they could access relevant support groups and counselling services. Patients were contacted by the GP following discharge from hospital. Local voluntary and patient support groups were publicised in reception.

The practice had a carer's policy and the practice computer system alerted GPs if a patient was also a carer. We were shown written information signposting carers to support groups. Patients who suffered bereavement were telephoned by the GP and invited to the practice to discuss how staff could be of any help.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. However the practice needed to develop more of an understanding of the wider population needs as some potential needs were not being identified and captured. For example, patients who may have dementia who also live within their own home.

We were informed that the practice engaged regularly with the Clinical Commissioning Group (CCG) to discuss local needs and service improvements that needed to be prioritised. However we were not provided with any minutes of meetings or examples of where actions had been implemented within the practice following the meetings. The practice audited their own patient population in order to provide a specific service to them.

The GP principal was a member of a local GP federation that met monthly to discuss the needs of the area and to ensure that the services provided were fit for purpose. Both the GP Principal and practice manager undertook roles within the local CCG.

**Tackling inequity and promoting equality**

The practice had recognised the needs of different groups in the planning of its services. The practice was attempting to recruit a male GP to the practice as only female GP's were available. The practice realised that this was an issue and that patients should have the choice.

The practice had access to face to face, online and telephone interpreting services that could be pre booked for appointments if patients requested to use the service. However the practice told us that the majority of patients spoke English and the system was rarely used.

The premises and services had been adapted to meet the needs of patient with disabilities. Wider doorways were in place to accommodate wheelchairs. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

The practice actively supported patients who have been on long-term sick leave to return to work by the promotion of the 'fit note' scheme and on-going counselling and support.

**Access to the service**

The main practice in Corbets Tey road was open between 8am and 7pm on a Monday, Thursday and Friday with appointments available between 8.30am and 12.30pm then 1.30pm to 6.30pm, On Tuesdays the practice is open between 8am and 8pm with appointments between 8.30am and 12.30pm then between 1.30pm and 6.30pm with extended hours between 6.30pm and 8pm. The practice opens Wednesday between 8am and 6.30pm with appointments between 8.30am and 12.30pm. The practice does not hold a surgery on a Wednesday. Patients were signposted to the local out of hours provider. The second practice in Dorkins Way was open between 8am and 2pm each week day and offered appointments between 8.30am and 1.30pm.

Comprehensive information was available to patients about appointments on the practice website and within the practice leaflet. However the practice leaflet needed updating. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were available for patients who needed them and those with long-term conditions or where an interpreter or advocate may be required. This also included appointments with a named GP or nurse. Home visits were made to those patients who needed one. Telephone appointments were available each day for patients unable to attend the practice or in need of health

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

advice from a GP. The GP also conducted a ward round at a local care home. The home stated that they were very happy with the service they had received from the practice over a number of years.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to. They also said they could see another doctor if there was a wait to see the doctor of their choice.

**Listening and learning from concerns and complaints**

The practice had a 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 designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system including posters within the waiting room and information in the practice leaflet and on the website. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at four complaints received in the last 12 months and found that these were handled appropriately in line with the practice complaints policy.

The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and no themes had been identified. However, lessons learned from individual complaints had been acted on. The outcome of complaints was shared in both practice meetings and patient participation group meetings to assess whether any changes in process were needed. We reviewed the minutes and found that no policies had been changed as a result of the outcome of complaints but further training on administrative systems was given to front line staff to improve efficiency.

# 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 wanted to deliver all the basic general practice services to patients at a high level. We found details of the vision and practice values were part of the practice's long term strategy. The practice vision and values included providing the highest standard of care and treatment.

We spoke with three members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these. We looked at minutes of practice meetings and saw that staff had discussed and agreed that the vision and values were still current.

**Governance arrangements**

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at six of these policies and procedures including medicines management, infection control and the referral policy. All the policies and procedures we looked at had been reviewed annually and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the GP partner was the lead for safeguarding. The GP partner was the named governance lead who took responsibility to ensure all aspects of governance was working appropriately. Governance was discussed within the weekly clinical meeting and we saw evidence of these discussions. We spoke with three members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

The practice had an ongoing programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. This included prescribing audits, pathology request audit and an audit into the safe prescribing of Diclofenac and Strontium as a result of alerts received by the MHRA.

The practice had arrangements for identifying, recording and managing risks. The practice did not have a risk log; risks were discussed within clinical meetings where action points were developed when they arose.

**Leadership, openness and transparency**

We saw that full team meetings were held monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example recruitment policy, sickness policy, induction policy, whistleblowing policy and disciplinary procedures which were in place to support staff. Staff we spoke with knew where to find these policies if required.

**Practice seeks and acts on feedback from its patients, the public and staff**

The practice had gathered feedback from patients through the annual patient survey, NHS Choices website and through the practice comments book which was open to both patients and staff. We looked at the results of the annual patient survey carried out by the practice and a common theme that came out of the survey was that some patients waited over fifteen minutes to be seen once in the practice. The practice responded to this by ensuring that patients had one appointment for one issue to avoid over running. Another issue was that some patients (20% of respondents to the survey) were not happy with the continuity of care. The practice responded by publicising the GP rota and encouraging patients to book routine appointments on the day that their requested GP was working.

The practice had an active patient participation group (PPG). The PPG included representatives from all the various population groups. The PPG had carried out annual surveys and met every quarter. We were provided with the analysis of the last patient survey, which was considered in conjunction with the PPG. The results and actions agreed from these surveys were available on the practice website.

# Are services well-led?

Good

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

The practice had gathered feedback from staff through staff meetings and annual appraisals. Staff told us they felt comfortable giving feedback and discussing any concerns or issues with management. They told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff.

**Management lead through learning and improvement**

Staff told us that the practice supported continuous learning and development We looked at staff files and found that regular appraisals took place which included a personal development plan. Staff were provided with all the mandatory training and update training that they required

The GP partner undertook a wide range of training and teaching and was involved in a local GP forum and the Clinical Commissioning Group (CCG). Information from this was brought back to the practice and used to develop the practice. The practice was not currently a training practice but the practice had a desire to develop this in the future.

The practice had completed reviews of significant events and other incidents and shared the information and outcomes with staff during practice meetings to ensure the practice improved outcomes for patients. For example, following an incident where test result processing was delayed, a rota system was established to ensure this happened when the appointed person was on annual leave.