

Dr Rajiv Goel

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

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 Rajiv Goel on 20 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

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

The areas where the provider should make improvement are:

- Ensure that actions are taken to bring about further improvements in the documenting of vital parameters for children presenting with symptoms which were indicative of the presence of infection.
- Continue to monitor uptake rates for national health screening programmes, including those for bowel and breast cancer and consider ways to improve uptake rates.

Summary of findings

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



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 above 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



Summary of findings

- The practice computer system alerted staff if a patient was a carer and the practice had added extra information to these patient's records to indicate when there were particular times which were more suitable for appointments.
- The practice had a significant number of patients who had Turkish as their main spoken language and had arranged for a Turkish speaking advocate to visit the practice every week, to provide additional support to patients who needed it.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For instance, 30 minute 'Time to Talk' appointments were offered to patients newly diagnosed with long term conditions and patients with mental health conditions.
- 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.
- Patients who were housebound or whose conditions made it difficult to attend the surgery were offered quarterly home visits and the practice had ensured that ice packs and insulated containers were always available so that vaccinations which needed to be maintained at low temperatures could be given during these appointments.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out quarterly, pro-active home visits for frail and housebound patients. These appointments were used to undertake health reviews, give seasonal vaccinations, identify any unmet or new needs and review care plans.
- Outcomes for conditions frequently associated with older people were above the national average. For instance, 91 % of patients with hypertension had well controlled blood pressure compared to the national average of 83%.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were comparable to CCG averages and the national average. For instance, 77% of patients had well controlled blood sugar levels (CCG average of 78%, national average 78%). Longer appointments and home visits were available when needed.
- The practice engaged with a local pharmacy advisor to review treatments for patients who required four or more medicines to ensure that they were used to best effect and to help patients manage side effects.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was the same as the national average and comparable to the CCG average of 80%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a policy to invite patients for a health review on their 16th birthday. The practice told us this was to encourage and help younger patients to begin taking greater responsibility for their own health as well as providing an opportunity for younger people to address any concerns or questions around the transition from childhood to adulthood.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were available for patients who were unable to attend in person or who were unsure if their condition required a visit to the surgery.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

Good



Summary of findings

- Residents who lived on canal boats in the vicinity could register using the practice address. This include transient residents who could register as temporary residents. These patients were encouraged to engage with public health screening programmes whilst they were registered at the practice.
- 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 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.
- Information about support for victims of domestic violence was available in the waiting area as well as in the privacy of toilet cubicles where patients could engage with the details unobserved. This information was presented in a range of locally prevalent community languages.

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).

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- 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 July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixty three forms were distributed and 94 were returned. This represented 2% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice participated in the Friends and Family test; results showed that 100% of patients stated they were extremely likely or likely to recommend the practice.

Dr Rajiv Goel

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Inspection Manager.

Background to Dr Rajiv Goel

Dr Rajiv Goel provides GP primary care services to approximately 4,000 people living in Clapton, London Borough of Hackney. The practice has a General Medical Services (GMS) contract for providing general practice services to the local population. General Medical Services (GMS) contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the very highest levels of deprivation and level ten the lowest. This information also shows that Income Deprivation Affecting Older People (IDAOPI) is 46% which is higher than the CCG average of 41% and significantly higher the national average of 16%. Income Deprivation Affecting Children (IDACI) is 36% (CCG average 32%, national average 20%).

There are currently two GPs, both male, one of whom is full time and one part time. The practice provides a total of 15 GP sessions per week.

The clinical team is completed by a practice nurse and an assistant practitioner, both of whom work part time. (Assistant practitioners are qualified health care assistants who have undertaken additional training to allow them to take on a wider range of responsibilities using clearly

defined protocols under the supervision of GPs and registered nurses). The assistant practitioner is also trained as a phlebotomist (Phlebotomists are specialist healthcare assistants who take blood samples from patients for testing in laboratories). There are also a full-time practice manager and a total of four administrative and reception staff.

The practice is registered with the Care Quality Commission as a sole provider, to provide the regulated activities of maternity and midwifery services, diagnostic and screening procedures and treatment of disease, disorder or injury.

The practice is located in a modern, purpose built two storey health centre and shares the premises with another, separately registered GP practice. The practice has a well maintained lift which is accessible by wheelchairs.

The practice opening hours for the surgery are:

Monday 9:00am to 7:30pm

Tuesday 8:30am to 6:00pm

Wednesday 9:00am to 7:30pm

Thursday 9:00am to 1:00pm

Friday 9:00am to 6:00pm

Saturday Closed

Sunday Closed

Appointments are available between 9:00am and 12:00pm every weekday and between 3:00pm and 6:00pm every weekday except for Thursday. The practice provides extended hours clinics between 6:30pm and 7:30pm on Mondays and Wednesdays.

Patients can book appointments in person, on-line or by telephone. Patients can access a range of appointments with the GPs and nurses. Face to face appointments are available on the day and are also bookable up to four

Detailed findings

weeks in advance. Telephone consultations are offered where advice and prescriptions, if appropriate, can be issued and a telephone triage system is in operation where a patient's condition is assessed and clinical advice given. Home visits are offered to patients whose condition means they cannot visit the practice.

The practice has opted not to provide out of hours services (OOH) to patients and these were provided on the practice's behalf by CHUHSE ((City & Hackney Urgent Healthcare Social Enterprise). The details of the how to access the OOH service are communicated in a recorded message accessed by calling the practice when it is closed and details can also be found on the practice website.

The practice provides a wide range of services including clinics for diabetes, weight control, asthma, contraception and child health care and also provides a travel vaccination clinic. The practice also provides health promotion services including a flu vaccination programme and cervical screening.

The practice is registered as a training practice for qualified doctors who are training to become general practitioners although there were no trainees at the practice at the time of our inspection.

The practice had not previously been inspected.

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.

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 20 January 2017. During our visit we:

- Spoke with a range of staff including GPs, practice manager, practice nurse, health care associate and members of the administration and reception teams 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.

The practice had recorded six significant events in the previous 12 months. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we looked at a record of an incident involving a delay in processing two urgent cancer referrals. During a weekly review of urgent cancer referrals, the practice had identified two occasions in a single week when referrals had not been processed within the target time of twenty four hours. The practice had reviewed this incident and found that staff had tried to make these appointments by telephone on the day the GP had requested them, but it had not been possible to do so as no appointments were available at the time. Practice procedures meant that the details of the referrals should have been faxed to the specialist provider on the same day anyway, and practice staff should have made a follow-up telephone call the next day to ensure the referral had been received and an appointment made but this had not happened. The practice had found that there were specific gaps in the process used to make these important referrals. For instance, only two members of the administration team were familiar with the process and due to staff sickness, neither or these were available in the week when the

incident had occurred. As a result of the investigation, the practice had made changes to the process. All staff had been trained on how to complete urgent cancer referrals, including what to do when no appointments were available and the process had been updated to include a step of handing over the task to a named person during periods of absence. The revised process also ensured that all new urgent cancer referrals were reviewed on the day the referral was made as well as on the following day, to ensure that these had been received and an appointment had been made. The practice continued to review all referrals weekly to ensure that patients attended appointments that had been made.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always 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 were trained to child protection or child safeguarding level 3, the practice nurse and health care assistant were trained to level 2 and all other staff were trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required and this notice was also prominently displayed in all consulting rooms. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead who liaised with the local

Are services safe?

infection prevention teams to keep up to date with best practice. However, there was a structured transition programme in place to reassign this responsibility to the practice nurse who had recently been recruited. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription (PSDs) or direction from a prescriber. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the

reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- One member of the administration team had been given the responsibility of carrying out monthly risk assessments to ensure the premises was safe for patients and staff. We saw that the member of staff had developed bespoke checklists for every area of the practice and had identified a range of areas where improvements were needed or where safety protocols could improve safety. For instance, they had identified where the positioning of furniture or other equipment presented potential hazards to patients with impaired sight or mobility and had arranged for these to be repositioned.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and members of the administration and reception teams had been trained to provide cover for each other during busier periods.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. We saw evidence that a recent significant event had led to a review of the instant messaging system and we were told that all staff had received updated training around responding to emergencies.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies of the plan were stored off-site.

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 risk assessments, audits and random sample checks of patient records.
- The practice used a fixed agenda format for all practice meetings. Reviews of NICE guidance, medical alerts and other clinical updates were included as standing items on this agenda which meant that all staff were kept informed about updates.

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 99% of the total number of points available. The practice's overall exception reporting rate was 6% which was the same as the CCG and national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators were comparable to CCG averages and the national average. For instance, 77% of patients had well controlled blood sugar levels (CCG average of 78%, national average 78%). The exception reporting rate for this indicator was 14% (CCG average 11%, national average 12%). The percentage of patients on the diabetes register, whose last measured total cholesterol (measured within the

preceding 12 months) was 5 mmol/l or less was 86% (CCG average 85%, national average 80%). The exception reporting rate for this indicator was 10% (CCG average 10%, national average 12%).

- Performance for mental health related indicators was higher than the national average. For example, 100% of patients with dementia (20 patients) had a comprehensive, agreed care plan documented in the record compared to the CCG average of 90% and national average of 84%. The exception reporting rate for this indicator was 0% (CCG average 4%, national average 7%). Data also showed 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses (51 patients) had a comprehensive, agreed care plan documented in the record compared to the CCG average of 86% and national average of 89%. The exception reporting rate for this indicator was 16% (CCG average 9%, national average 13%).
- 91 % of patients with hypertension had well controlled blood pressure compared to the CCG average of 90% and the national average of 83%. The exception reporting rate for this indicator was 7% (CCG average 4%, national average 4%).
- Outcomes for patients with asthma were comparable to CCG and national averages. For instance, 87% had had an asthma review in the preceding 12 months using a nationally recognised assessment tool compared to the CCG average of 83% and the national average of 76%. The exception reporting rate for this indicator was 2% (CCG average 2%, national average 12%).

There was evidence of quality improvement including clinical audit.

- There had been 11 clinical audits undertaken in the last twelve months, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, one of the two cycle audits had reviewed the documenting of vital parameters for children presenting with symptoms which were indicative of the presence of infection. During the first audit cycle, the practice had reviewed notes from a random sample of 32 consultations involving children aged under five years presenting with infective symptoms. Consultation notes were assessed

Are services effective?

(for example, treatment is effective)

against NICE guidelines which recommended that as a minimum, clinicians should always record respiratory rate, heart rate, capillary refill time, temperature and presence or absence of rash (capillary refill time is a test to monitor dehydration and the amount of blood flow to tissue in finger nails). The audit had identified that the practice had not met the target of 100% for recording any of these vital signs. For instance, only 66% of notes included a record of respiratory rate, heart rate and capillary refill time, 75% had included details of the presence or absence of a rash and 88% had a record of temperature. The practice had discussed the results and had observed that clinicians were more inclined to record those vital signs that could be taken quickly and had noted a risk that clinicians may have been relying too much on instinct based on clinical knowledge and experience rather than recording all vital parameters. As a result of the audit, an action plan and been developed which included clinical staff focussing on recording of vital signs during relevant consultations and regular peer review. The practice repeated the audit eight months later using a random sample of similar size and this showed that clinicians had met the target of 100% for each of the recommended vital signs with the exception of the presence or absence of a rash which had increased to 90%. The practice told us these increases had improved their ability to screen for serious conditions which could be hard to detect, such as sepsis. The practice acknowledged that there was room for further improvement and a further audit cycle was planned.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had produced a detailed induction pack for locum GPs. This included guidance around practice procedures for monitoring and repeating prescribing of high risk medicines as well as information about medicines which should only be prescribed by secondary care providers. The pack also included the precise details and location of emergency medicines held at the practice as well as up to date details of safeguarding arrangements.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, including when referring patients to other services. For example, we looked at the process followed when patients were referred for urgent appointments where cancer was suspected. The practice kept a record of all such urgent referrals and reviewed regularly these to ensure that patients received and attended appointments within recommended time-frames. Patients who did not attend appointments were contacted and supported to make further appointments. We looked at records of

Are services effective?

(for example, treatment is effective)

referrals for the previous twelve months and saw that every referral had been followed up, including some where the practice had had to engage with the patient up to four times to ensure they attended appointments.

- The practice actively engaged with a CCG pharmacy advisor when undertaking polypharmacy reviews for patients with complex conditions. Clinicians and patients were offered advice about how best to take medicines and information about possible side effects and how these might be mitigated or managed.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

We saw records of regular meetings with community psychiatric clinicians and key workers which were held to provide additional support for patients discharged from mental health services. We also saw evidence of quarterly meetings with a community psychiatrist during which information sharing protocols were reviewed in addition to discussing individual patients.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition. The practice had supported the health care assistant to train to become an assistant practitioner which meant they were able to provide additional support to those requiring advice on their diet, smoking and alcohol cessation.
- Information about support for victims of domestic violence was available in the waiting area and in the privacy of toilet cubicles where patients could engage with the details unobserved. This information was presented in a range of locally prevalent community languages.
- The practice carried out quarterly, pro-active home visits for frail and housebound patients. These appointments were used to undertake health reviews, give seasonal vaccinations, identify any unmet or new needs and review care plans.
- The practice had a policy to invite all patients for a health review on their 16th birthday. The practice told us this was to encourage and help younger patients to begin taking adult responsibility for their own health as well as providing an opportunity for younger people to address any concerns or questions around the transition from childhood to adulthood.
- There was a weekly clinic with a diabetic specialist nurse. The meant that patients had local access to specialist advice when starting treatment, as well as expertise and guidance around managing their condition.
- The practice population included residents from a local canal boat community, some of whom lived a transient lifestyle. This meant that there was a risk that these residents might not be included in public health screening programmes. The practice allowed these residents to register as temporary patients and as part of the registration process, would encourage those who were eligible to engage with screening programmes.

The practice's uptake for the cervical screening programme was 81%, which was the same as the national average and comparable to the CCG average of 80%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for

Are services effective?

(for example, treatment is effective)

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. The practice's uptake rates for these screening programmes were comparable to CCG averages but below national averages. For instance, 51% of eligible patients had been screened for breast cancer in the previous three years (CCG average 50%, national average 72%).

Childhood immunisation rates for the vaccinations given were comparable to national averages. There are four areas

where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in two out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 9.1 which was the same as the national average.

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.
- Staff could identify patients who needed extra support whilst at the practice and we saw that some patients were assisted to consulting rooms when this was helpful. We spoke with some of these patients and were told that this was typical of the caring and thoughtful nature of staff at the practice.

All of the 24 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.

We spoke with two members 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 87%.
- 83% of patients said the GP gave them enough time. (CCG average 86%, national average 87%).

- 93% of patients said they had confidence and trust in the last GP they saw. (CCG average 91%, national average 92%).
- 84% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 91%).
- 91% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice had a significant number of patients who had Turkish as their main spoken language. The practice had arranged for a Turkish speaking advocate to visit

Are services caring?

the practice every week and they were able to provide additional support to patients who needed it. We were told this person helped patients with a variety of tasks including completing application forms and understanding letters from schools or local authorities.

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 74 patients as carers (2% of the practice list). Practice staff had produced a 'carer's pack' which was given to patients who were carers and this included useful information about local support organisations as well as services available to carers at the practice. Carers were offered regular NHS health checks and seasonal flu vaccinations. Staff told us that when a

carer wished to make an appointment, the computer system would alert them if the carer's responsibilities meant that they had fewer options around when they could attend. When this happened, the person was offered an appointment in a priority slot such as the first or last appointment in a session. We also saw notes on the record of a patient with a mental health condition which indicated that this person found it too uncomfortable visiting the surgery when it was busy. The practice had agreed to always offer this patient one of the last appointments in any session so the practice would be quieter when they arrived. The practice had also identified very young carers and had made special arrangements to support these, for instance helping them to understand how to order repeat prescriptions or arrange home visits. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening hours on a Monday and Wednesday evening until 7:30pm.
- There were longer appointments available for patients with a learning disability.
- The practice provided 30 minute 'Time to Talk' appointments for patients who had recently received a diagnosis of a serious condition, patients with more than one long term condition or patients with more complex conditions. When a patient booked one of these appointments, they were invited to complete a one page questionnaire in advance. This had been designed to help patients to consider ways in which their condition might be affecting their welfare which might not be immediately obvious. The form had been designed using text with visual prompts to make it more accessible to patients with different levels of literacy or for whom English was not a first language.
- The practice provided a daily telephone consultation clinic and held this at lunchtime so that patients who might be at work were more likely to be able to find some privacy for these appointments.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice kept a stock of ice packs and insulated containers available to ensure that vaccinations or other treatments which needed to be maintained at a low temperature could be transported safely to housebound patients.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients could access the appointment system and request repeat prescriptions online and were actively promoting this using notes attached to prescriptions and leaflets in the waiting area.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.

- There were parking facilities for patients or carers with disabilities, disabled facilities, automatic doors, a hearing loop and a lift.
- The practice was located in an area where there was a significant canal boat community. Residents in this community had reported experiencing difficulties receiving mail and registering for local services. The practice helped these residents to access health care services by registering them at the practice address. The proximity of this community also meant that there was a sub-community of transient boat dwellers and these could register as temporary patients, also using the practice address.
- The practice provided a private interview room which was available when patients required additional privacy, for instance when meeting with the Turkish speaking advocate or during times of particular distress.

Access to the service

The practice opening hours for the surgery were:

Monday 9:00am to 7:30pm

Tuesday 8:30am to 6:00pm

Wednesday 9:00am to 7:30pm

Thursday 9:00am to 1:00pm

Friday 9:00am to 6:00pm

Saturday Closed

Sunday Closed

Appointments were available between 9:00am and 12:00pm every weekday and between 3:00pm and 6:00pm every weekday except Thursday.

Extended hours appointments were offered on Monday and Wednesday evenings until 7:30pm and from 8:40am on Tuesday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with the practice's opening hours was comparable to local and national averages whilst satisfaction with telephone access was higher than average.

Are services responsive to people's needs?

(for example, to feedback?)

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

The practice recorded all written and verbal complaints and had recorded ten complaints in the previous twelve months. We looked at three of these and found that they were handled in line with practice policy. Each was dealt with in a timely way, with openness and transparency and patients had received an explanation and a written apology. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we saw that from the most recent analysis of complaints, the practice had noted there was an issue around how people were registered as temporary patients and had reviewed this aspect of the service. Although staff followed the correct procedure, it had identified a need for training around how these procedures were explained to patients. As a result of the complaint, the practice had arranged for all staff to receive additional training around better communication with patients, including carers and patients with learning difficulties.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and a clearly defined set of aims and objectives and these had been shared with staff who knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had developed a standard meeting agenda template for practice meetings to ensure that key areas were always considered at these meetings. For instance, standing agenda items included reviews of significant events and complaints as well as entries on the Duty of Candour register.

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, at the most recent PPG meeting, it had been agreed to carry out a survey to identify any unmet needs of carers as the first stage of developing ways of better supporting these patients. We were told the PPG and practice had previously reviewed

Are services well-led?

Good 

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

public transport provision in the vicinity and had successfully campaigned to increase the frequency of the bus which served the practice from every 20 minutes to every 10 minutes.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For instance we were told that the development of a carer's pack had come about as a result of a suggestion from a member of the reception and administration team. Staff told us they felt involved and engaged to improve how the practice was run.
- There was a poster in the waiting area which showed how the practice had reviewed and responded to patient feedback. For instance, one section showed how patient views around repeat prescriptions had been noted in responses to the Family and Friends Test. This had prompted a discussion about how to make requesting repeat prescriptions easier and as a result, the practice had introduced the facility to request repeat prescriptions online.
- The practice held regular meetings to review results from the national GP patient survey as well as information received from the Family and Friends Test. We reviewed minutes of these meetings and saw that the practice took actions when possible or considered how to manage situations where change was not immediately possible. For instance, during one review,

the practice had noted comments which indicated that patients liked when they knew who they were speaking to on the telephone. As a result of this, the practice had developed a telephone answering protocol which involved all staff introducing themselves when they answered the telephone. On another occasion, the practice had noted that patients commented about not being able to see a female GP at the practice. Although the practice had not been able to recruit a female GP, they had ensured that all new patients wishing to register were told about the lack of female GPs in advance so that they could make a decision about whether to register or not. These patients were also told that the practice nurse and health care assistant were both female and that at least one of these was always available as a chaperone when required.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For instance, the practice had reviewed the needs of permanent and transient residents in a local canal boat community and had developed protocols to help these residents access health services by registering them at the practice address and had encouraged this community to engage with health screening programmes whilst they were registered at the practice.