

# Dr Baskaran & Partners, Parkway Health Centre 1

## Quality Report

Parkway Health Centre  
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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 B Baskaran & Partners on 5 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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 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 area where the provider should make improvement is:

- Review procedures in place for receiving alerts and updates such as those from NHS central alerting system, MHRA and NICE to ensure staff stay up to date with guidance.
- Review how they identify carers so they are able to offer appropriate support.

**Professor Steve Field** CBE FRCP FFPH FRCGP

# Summary of findings

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 generally in line with national figures. However, there were areas that scored lower and the provider was aware and taking action to address these areas.
- 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 higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and 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.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. This included being offered an annual health check (either at the practice or at home if more appropriate).
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over 75 have a named GP.
- A social worker attends the practice on a monthly basis to discuss referrals.
- The practice worked closely with two care homes in the local area providing GP services to residents.
- Reception staff were longstanding members of staff and had excellent knowledge of the older population, including knowing them by name and medical needs so they could triage appropriately.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Annual flu vaccination was offered to all patients with a long term condition.
- The practice was signed up to the unplanned admissions direct enhanced service.
- Ninety eight percent of patients on the diabetes register had received the influenza vaccination.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, 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. The practice maintained a register of children at risk. There were currently 13 children on the register.
- 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. Same day appointments were always offered to children and pregnant women.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice offered weekly baby clinics run by a GP and the nurse (who also ran the immunisation clinic).
- Immunisation uptake rates were comparable to the CCG averages.
- Post-natal patients were reviewed by GPs and any concerns were discussed with the health visitor.
- Children that have high 'did not attend' DNA's rates were monitored by reception staff and the practice manager and referred to the appropriate GP.

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

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offers extended hours on Monday and Thursdays for patients who work and other who find it more convenient to attend in the evenings.
- The practice supported out of area registrations.

# Summary of findings

- Patients aged 40-74 are offered a Wellman or Wellwoman check with the nurse.

## 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, travellers and those with a learning disability.
- The practice offered longer (20 minutes) 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.
- Annual health checks were offered to vulnerable patients.
- The practice provided assistance to local charities that requested medical letters of support or reports, without a fee.
- The practice had shared care with a local organisation for patients with substance misuse.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- < >  
100% of patients with dementia had their criteria fulfilled before being referred to the memory clinic.
- A comprehensive agreed care plan was in place for 94% of patients with schizophrenia, bipolar affective disorder and other psychoses.
- The notes of 98% of patients with physical and / or mental health conditions recorded their smoking status.
- The practice 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.

Good





# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 100% of patients with dementia had their criteria fulfilled before being referred to the memory clinic.
- A comprehensive agreed care plan was in place for 94% of patients with schizophrenia, bipolar affective disorder and other psychoses.
- The notes of 98% of patients with physical and / or mental health conditions recorded their smoking status.
- The practice 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

## Areas for improvement

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

The area where the provider should make improvement is:

- Review procedures in place for receiving alerts and updates such as those from NHS central alerting system, MHRA and NICE to ensure staff stay up to date with guidance.
- Review how they identify carers so they are able to offer appropriate support.

# Dr Baskaran & Partners, Parkway Health Centre 1

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Dr Baskaran & Partners, Parkway Health Centre 1

Dr Baskaran Surgery is a medium sized practice based in Croydon. The practice list size is approximately 6269. Whilst the practice population is diverse, patients are mainly from white British backgrounds. The practice is in one of the most deprived areas in London. There is a high percentage of younger patients (aged between 5-24) and also a higher than average number of single parents. The practice had a Primary Medical Services (PMS) contract.

The practice facilities include four consulting rooms, one treatment room, one patient waiting room and one administration office. The premises are wheelchair accessible and there are facilities for wheelchair users including a disabled toilet and hearing loop.

The staff team comprises of three male GP partners and one female GP partner. Two of the partners worked seven sessions a week and the other two partners worked five sessions per week. Other staff included a female practice

nurse, a female health care assistant, a female practice manager, a female assistant practice manager five receptionists (all female) and two administrators (one male and one female).

The practice is open between 8.00am and 6.30pm Monday to Friday and offers extended opening on Monday and Thursday from 6.30pm to 8.00pm. Appointments are available from 9.00am to 11am Monday to Thursday mornings and 4.00pm to 6.00pm Monday to Thursday afternoons and from 9.00am to 6.30pm on Fridays. When the practice is closed patients are directed (through a recorded message on the practice answerphone) to contact the local out of hour's provider. This information is also available on their website.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of; treatment of disease, disorder and injury; diagnostic and screening procedure; family planning; maternity and midwifery services and surgical procedures at one location.

## 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.

# Detailed findings

## 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 5 April 2016. During our visit we:

- Spoke with a range of staff (four GPs, the practice nurse and health care assistant, the practice manager and five administration and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example we saw paperwork relating to an incident that had occurred where two patients had received the wrong medication. The practice invited both patients in to explain the error and provided an apology. The incident was discussed and actions implemented to reduce the risk of it occurring again.
- The practice carried out a thorough analysis of significant events. There had been three significant events recorded in the past 12 months. We reviewed the events and saw that a thorough analysis had been carried out and learning recorded.

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, a recent alert received relating to problems with a vaccine had been followed up appropriately. This included contacting the supplier who came to collect the items.

### 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. One of the GPs was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible however they usually 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 level 3. The nurse and health care assistant had completed level two and all other staff had completed level one.

- A notice in the waiting room and all consultation rooms advised patients that chaperones were available if required. Only clinical staff acted as chaperones. Two non-clinical staff had been trained for the role and the practice was waiting for their Disclosure and Barring Service (DBS) check for them to commence the role. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The practice had recently had an audit carried out by the local infection prevention team (in March 2016). The results of the audit were very good with them scoring 96%. Actions had been set in the audit and we saw that the practice had already started implementing the actions. 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. GPs

## Are services safe?

did not take prescription pads out on home visits. Instead they carried out home visits early in the day and if a prescription was required they would generate it when they returned to the practice.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw the signed copies. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The vast majority of staff had been working in the service for many years. We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment (for those employed pre and post CQC registration). For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service for clinical staff.

### 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 on the patient notice board which identified local health and safety representatives. The practice was based in a shared facility so the fire risk assessment was carried out by the owners of the building. The practice provided us with details of the fire risk assessment carried out by the owner. Fire drills were carried out weekly by the building management. We saw the records to confirm this.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw that PAT and calibration testing was last completed in November 2015. 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.
- The legionella risk assessment had been completed by the building management. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in

place for all the different staffing groups to ensure enough staff were on duty. The GPs had a cross cover buddy system to ensure they were not all off at the same time. The practice manager told us that all cover was provided internally. For example they currently had a non-clinical member of staff off on long-term sickness. Their duties were being covered by the existing staff. The practice manager told us that staff covering were offered over-time and given time off in lieu for the additional hours they accrued as a result of covering. If work capacities increased they would consider the use of temps but this had not proved necessary at the time of our inspection.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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. There had been two reported accidents in the past 12 months. Both accidents had been reported and acted upon appropriately.
- 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 did not have hydrocortisone in their emergency medicines stock (which is recommended to respond to an asthma or anaphylaxis incident). We brought this to the attention of the practice and they made arrangements for it to be ordered immediately. The health care assistant was responsible for checking emergency medicine on a monthly basis.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The nurse was also signed up to email alerts from a practice nurse forum. They told us that NICE and other guideline updates were circulated on this forum.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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). For example their QOF score for undertaking echocardiograms was low. As a result of the low QOF score, with the assistance of the CCG they carried out an audit on heart failure to see how they could improve in this area.

The most recent published QOF results indicated the practice achieved 91.6%, or 512 out of 559 of the total number of points available. The practice had a 15.8% exception reporting which was higher than the CCG average of 7.7%. The practice explained the high level of exception reporting as being related to the fact that a lot of their diabetic patients were being managed by the local hospital. Therefore many of the checks required by QOF were carried out by the hospital. For other exception reporting areas the practice had a policy of sending three letters to the patient and if they did not attend then they exception report on this.

This practice was an outlier for its performance on asthma, achieving 41%, with 18 out of 45 points scored compared to the CCG average of 73%, and the national average of 75%. Staff told us that they were being more pro-active with the asthma clinic to improve outcomes for patients.

Practice performance for most other areas was comparable to other practices. For example:

- Performance for diabetes related indicators was comparable to the CCG and national average. The practice had scored 85% in QOF with a total of 73 of 86 points scored. The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 70%, compared to a national average of 77%. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 74% compared to a national average of 81%. The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 12 months was 99% compared to the national average of 94%.
- Performance for hypertension related indicators was higher than the CCG and national average. The practice had scored a maximum 26 points for QOF. The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 84%, the same as the national average.
- Performance for mental health related indicators was similar to the CCG and national average. The practice had attained 92% of the available QOF points, scoring 24 of 26 points. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 75%, compared to a national average of 84%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94%, compared to 88% nationally.

There was evidence of quality improvement including clinical audit in relation to national clinical data targets



# Are services effective?

## (for example, treatment is effective)

for hypnotics prescriptions, prevalence of coronary heart disease and antibiotics. The antibiotics audit showed an improvement in the prescribing of quinolones and cephalosporin.

- There had been 5 clinical audits completed in the last two years, two of these were completed audits where the improvements needed 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 reduced antibiotic prescribing and the introduction of an infection control checklist.

Information about patients' outcomes was used to make further improvements, for example actions arising from the practice patient participation group (PPG) meetings led to improvements in the practice's online services and the introduction of a text messaging service.

### 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 could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The nurse was responsible for reviewing patients with long-term conditions and had completed the Warwick diploma for diabetes and asthma management, as had one of the GP's.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. We saw confirmation of courses completed by staff. 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. We saw the nurses' up to date certificates for administering immunisations and spirometry.
- 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, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. We reviewed appraisals for four staff. We saw that the appraisals reviewed the previous years' achievements, outlines the successes and areas that required improving and goals set for the year ahead.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance, equality and diversity and chaperoning. Staff had access to and made use of e-learning training modules.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Contact details and reference guides were displayed in each consulting room.



# Are services effective?

## (for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. The GPs displayed knowledge and understanding of the Gillick/Fraser competencies and we saw evidence of this documented in patients records.

- 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:

- The practice maintained registers of the various vulnerable patient groups including
- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- There were 13 patients on the carers' register. The practice had a carers policy and offered practical support such as offering flu vaccinations and signposting to support services.
- A community dietician was made available to patients and smoking cessation advice was available from a local support group.

- The practice's uptake for the cervical screening programme was 78%, which was comparable to the national average of 82%. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable or higher to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were comparable to national averages and ranged from 84% to 96%; and were higher than national averages for five year olds, ranging from 89% to 99%.

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.
- The premises were shared with other health providers so the patient waiting was shared. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We observed instances where staff offered patients the opportunity to speak somewhere private.

All of the 35 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 5 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. Members of the PPG commented that when the practice ran behind schedule for appointments it was because the doctors have a caring attitude, and give patients the time they need. A member of the PPG commented that following a discussion at a recent meeting about maintaining contact with elderly patients, and gave examples of how they demonstrated a caring approach. The PPG also gave positive feedback to the practice on behalf of elderly people in the community who they had spoken to. 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 below average in some areas for its satisfaction scores on consultations with GPs and nurses. For example:

- 74% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 88%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 97%.
- 67% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 86%.

### 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 responses were mixed relating to questions about their involvement in planning and making decisions about their care and treatment. Results for GPs involving and explaining tests were below local and national averages. However results relating to nurses involving patients were above the national averages. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 60% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%.

## Are services caring?

- 91% 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 staff team was multi lingual and they spoke languages relevant to patient's needs such as Tamil.
- 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 such as cancer support, weight loss and bereavement.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 13 patients as carers (0.2% of the practice list). They used this register to identify patients who may need additional support as a result of their caring responsibility. The practice also had a written policy for what they offered carers. This included an offer of the annual flu jab, assistance with connecting with support services and social services. 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 by phone. One of the GP partners explained that they planned to implement new procedures of visiting families of those recently bereaved and sending sympathy cards.

# 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 had a very good understanding of their local population. They practice had a high proportion of young patients (higher than average number of female and male patients aged 4-24 years old). They also had higher than average numbers of lone parent families and patients who were unemployed. The practice was in a deprived area and was rated number two on the scale of deprivation.

There were lower than CCG and national prevalence's of dementia, hypertension, osteoporosis and cancer. The practice explained the lower provenance as being partly reflective of the low numbers of older people at the practice.

Work with the CCG included attending locality cluster meetings, attending CCG meetings and liaising closely with the CCG prescribing advisor and the CCG nurse. Staff told us that involvement in all of these forums enabled them to plan and respond to the needs of their patients.

- The practice offered a 'Commuter's Clinic' on a Monday and Thursday evening from 6.30pm until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for patients with a learning disability, older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. One of the GPs provided vaccines that were not available on the NHs on a private basis.
- There were disabled facilities including a wheel chair accessible toilet and a hearing loop.
- Translation services were available via telephone or with face to face interpreters if required. Some of the GPs and administration staff also spoke languages such as Tamil and French.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 9.00am to 11.00am every morning and 4.00pm to 6.00pm Monday to Thursday and from 9.00am to 6.00pm on Fridays. Extended hours appointments were offered from 6.30pm to 8.00pm on Monday and Thursdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients who needed them every morning and afternoon session. This was facilitated either by fitting the patient into a GPs session or they were seen by the practice duty doctor.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 96% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example signs were displayed in the waiting room and there was also information on the website advising patients to contact the practice manager if they needed further assistance.

We looked at the four complaints received in the last 12 months and found that they had been responded to within appropriate time scales, and explanations and apologies were given where applicable. If a complaint had been responded to verbally the practice had a written record of

# Are services responsive to people's needs?

(for example, to feedback?)

the verbal feedback given and any action taken or apology offered. Lessons were learnt from individual concerns and complaints and also from analysis of trends and the action taken as a result to improve the quality of care.

# 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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The partners were clear about where improvements were required in the practice to enable them to make the service more caring and responsive to patient's needs. This included providing better care to older patients by starting an elderly care clinic, introducing text messaging to reduce the number of DNA's, offering smoking cessation in-house and carrying out more service focussed audits.
- Examples of plans for the future included changing their computer system, plans to merge with another practice, becoming a teaching practice and providing more services including fitting coils and implants.

### 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. Lead roles were assigned to staff including having leads for safeguarding, infection control, QOF and complaints. Staff were aware of who the leads were.
- Practice specific policies were implemented and were available to all staff. The policies were reviewed / updated annually.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks and issues, and implementing mitigating actions. For example, it

maintained a register of vulnerable patients, a child protection register and a register of travellers. The groups were coded on the computer system so that staff were aware and could monitor them.

### Leadership and culture

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

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. The senior partner told us about significant events that had occurred and how they had handled them. For example an event had occurred where there was a mix up with two patient's medication resulting in them receiving each other's medication. When this was identified both patients were invited in to the practice and given an explanation and 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. There was a practice meeting held every three months, non-clinical meetings held monthly and clinicians meetings held weekly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any

# Are services well-led?

Good 

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

issues at team meetings and felt confident and supported in doing so. They spoke positively about the practice manager and the support they were given by all the leaders.

- 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 had met on 5 occasions in the previous two years, with 10-15

patients attending and often a large number of clinical staff from the practice. Meetings were minuted with actions recorded. The PPG had reported problems with parking at the practice and lack of help for patients with hearing difficulties, and the practice had been proactive in addressing these.

- The practice had gathered feedback from staff through team meetings, appraisals and discussion. Staff gave us examples of where they had contributed at team meetings or had informal discussions with the partners. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## **Continuous improvement**

There was a 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.