Dr Suresh Tibrewal

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	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 Richmond Road Medical Centre on 28 January 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.
- The practice also achieved the highest performance targets for all long term conditions in the CCG.
- Patients said they were treated with compassion, dignity and respect.
- 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.

We saw one area of outstanding practice:

The practice was performing highly compared to practices nationally and locally. Despite the high prevalence of diabetes in the borough, the practice achieved the highest performance for diabetes related indicators in the Clinical Commissioning Group (CCG). The practice achieved 85% and 100%, the CCG and national average ranges between 75% and 93%. The practice also achieved the highest performance targets for all long term conditions in the CCG with performance related indicators ranging between 90% and 100%, higher than the CCG and national average of 70% and 96%.

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?

Good

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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. For example the clinical audit plan and clinical protocols were reviewed alongside guidelines and the appropriate action taken to ensure optimum care and treatment was provided to patients.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group (CCG). For example, the practice was leading in the CCG for achieving the highest target outcomes for all long term conditions particularly diabetes.
- A comprehensive clinical audit programme was in place to review and promote quality improvement.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice, for example the development of an open access system to allow an accident and emergency duty doctor to provide extra same day urgent appointments and telephone consultations thereby reducing visits to the accident and emergency department.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice well in several aspects of care and where they scored lower than the CCG average, they took steps to improve this.
- 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.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- There were innovative approaches to providing integrated person-centred care. For example, all staff were assigned a specific group of patients with long term conditions whom they ensured received timely care and would facilitate telephone consultations for them without having to attend the surgery.
- The practice made use of prompt sheets before consultations and offered extended consultations. There was also a host of services provided by the multidisciplinary team based at the practice and joint working included case finding exercises to identify at risk patients and initiating treatment accordingly. As a result, they achieved the highest targets for the CCG across all long term conditions.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the PPG suggested they offered fax prescription requests and this was implemented by the practice.
- Patients could access appointments and services in a way and at a time that suited them. For example, the practice offered daily telephone consultations and was beginning to offer early appointments between 8am and 9am.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and it had a very active patient participation group which influenced practice development. For example, they added mobile phones for outgoing calls only and additional telephone lines to their phone system to allow patients to get through to the practice without difficulty.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population and worked effectively with members of the multidisciplinary team (MDT).
- The practice was responsive to the needs of older people, and offered home visits for housebound patients for chronic disease reviews, phlebotomy and immunisations.
- The practice offered urgent appointments for those with enhanced needs.
- The practice worked in partnership with external organisations to offer in house exercise classes every week for over 50's in order to promote their mental and physical wellbeing. Nationally reported data showed that the practice achieved the highest target across all conditions commonly found in older people. For example, data published in 2014/2015 showed the percentage of patients with atrial fibrillation who were being treated with anticoagulation therapy was 100%, higher than the national average of 95%.

People with long term conditions

Outstanding

The practice is rated as outstanding 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.
- Despite the high prevalence of diabetes in the borough, the practice achieved the highest performance for diabetes related indicators in the CCG which was between 85% and 100%, higher than the CCG and national average ranging between 75% and 93%.
- The practice also achieved the highest performance targets for all long term conditions in the CCG and the performance related indicators ranged between 90% and 100%, higher than the national average of 70% and 96%.
- The named GP worked with relevant health and care professionals to deliver a robust multidisciplinary package of care.
- The practice had an effective system in place which focused on health promotion and routine screening of patients at risk of diabetes at new registration checks.

Summary of findings

- The practice ensured retinal screening appointments were in place and any patients that did not attend (DNA) were followed up, rescheduled accordingly and monitored through their DNA audits.
- They took into account patients' religious needs such as fasting and ensured they were offered appointments once their fast times ended.
- The practice had a system in place that ensured all patients with long term conditions received a structured annual health review which included psychological input from the mental health team.
- Annual reviews were tailored to reduce the need for patients to visit the surgery repeatedly.
- They made use of prompt sheets prior to patient reviews that enabled them to formulate their ideas and concerns and all these patients had personalised care plans.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances and children with long term conditions were followed up within 48 hours or sooner if required.
- Immunisation rates were relatively high for all standard childhood immunisations. For example, data published between March 2014 – March 2015 showed immunisation rates for babies to two year olds were 100% and the under-fives ranged from 88% to 97%.
- The practice had undertaken 90% of annual reviews for patients diagnosed with asthma compared to a national average of 70%.
- The practice's uptake for the cervical screening programme was 87% compared to a national average of 80%.
- 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 offered 16th birthday health checks.
- Same day appointments and appointments outside of school hours were available. The premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Summary of findings

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- They offered extended hours appointments twice a week on Tuesday between 6.30pm and 8.00pm and Wednesday between 6.30pm and 7.30pm.and provided daily telephone consultations.
- The practice was proactive in offering online services such as electronic and fax prescribing as well as a full range of health promotion and screening that reflects the needs for this age group.
- They offered health checks and annual reviews to this age group as well as health promotion services including HIV screening.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered same day and longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and individual care plans were in place.
- 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 and had received domestic violence training.
- The practice held a safeguarding register for vulnerable children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice offered homeless new patient registrations for homeless patients. Once the practice completed their new patient health check, they referred them to a designated homeless practice.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- Data published from April 2014 to March 2015 showed 100
- The practice carried out advance care planning for patients with dementia.
- The practice worked closely with Alzheimer Society advisers who were attached to the practice.
- 93% of patients with mental health conditions had a comprehensive care plan in place compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing in line with local and national averages although they felt they had areas they needed to improve where the results were lower than CCG and national average. 404 survey forms were distributed and 92 were returned. This represented 2.5% of the practice patient list.

- 80% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 78% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 79% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).
- 67% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were mostly positive about the standard of care received and patients felt they were treated with dignity and compassion. Two of the comment cards highlighted issues with waiting times and one wanted to be given more details and advice about their care.

We spoke with 10 patients and four members of the PPG during the inspection. Seven of these patients including members of the PPG said they were happy with the care they received and thought staff were approachable, committed and caring. Three of the patients we spoke with said they did not know how to access out of hours care and had not been asked for their views. A total of 355 patients completed the friends and family test in 2015 and results showed 97% of these patients were extremely likely or likely to recommend this practice to their family and friends.

Dr Suresh Tibrewal

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 Expert by Experience.

Background to Dr Suresh Tibrewal

Richmond Road Medical centre is located in South West Hackney and holds a Personal Medical Services (PMS) contract and is commissioned by NHSE London. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures and maternity and midwifery services.

The practice is staffed by two full-time GP partners, one male and one female, who provide eight sessions a week and one salaried male GP who provides five sessions a week. The practice also employs one interim part-time practice manager who works 10 hours a week, one full time practice nurse who works 37.5 hours, one sessional pharmacist, one healthcare assistant (HCA) who works 24 hours a week and four reception and administrative staff. The practice is an established teaching practice for medical students from three different medical colleges.

The lead GP is a member of the clinical executive committee of the CCG and also chairs the local Individual Funding Request (IFR) team. Additionally, he is the Vice Chair for KLEAR Consortia and a member of the Planned Care Board of the CCG. The salaried GP works for the GP confederation that supports failing practices.

The practice is open between 8.00am and 6.30 pm on Monday to Friday. Appointment times are from 9.00am. Extended hours surgeries are offered on Tuesday from 6.30pm to 8.00pm and Wednesday from 6.30pm to 7.30pm. The answerphone redirects patients to an out of hours provider at the following times: 6.30pm to 8.00am on Monday, Thursday and Friday, 8.00pm to 8.00am on Tuesday and 7.30pm to 8.00am on Wednesday. Telephone appointment slots are offered from 11.00am to 12.30pm daily.

The practice has a list size of 3700 patients and provides a wide range of services including immunisations, vaccinations, screening, mental health management, antenatal and postnatal care, family planning and exercise classes.

The practice is located in an area where the majority of the population are working age people between 25 – 64 years of age.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 28 January 2016. During our visit we:

- Spoke with a range of staff including three GPs, practice manager, a practice nurse, an HCA, two receptionists and a GP confederation quadrant manager.
- Spoke with 10 patients who use the service and four members of the patient participation group (PPG).
- Observed staff interactions with patients in the reception area and observed how patients were being cared for.
- Reviewed the provider's policies and a range of records including staff recruitment and training files, significant events log, medicines records and clinical audits.
- 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.

Good

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 practice carried out a thorough analysis of any significant events. Annual review meetings to discuss significant events were carried out as well as at monthly practice meetings.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an urgent referral was faxed to the antenatal clinic three times; it was not received resulting in the patient's appointment being delayed. The practice took action to ensure that all faxed referrals would be followed up with a telephone call to confirm receipt. In addition they took action to email referrals via quick and secure mail to the hospital. The practice discussed all antenatal referrals with the midwife at their monthly meeting.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP was the lead member of staff for safeguarding. The GPs attended monthly safeguarding meetings with the health visitors and social workers and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs and Practice Nurse were trained to Safeguarding level 3.
- A notice in the waiting room and each clinic room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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. 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 the last audit carried out in August 2015. We saw evidence that action was taken to address any improvements identified as a result for example, the practice had recently changed their flooring in the practice after an infection control audit identified their previous flooring as an infection control risk.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (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).
- 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.

- There were robust 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 inadequate or abnormal results. When patients with abnormal smear results were offered hospital appointments, the practice nurse would contact them to confirm their appointment and encourage them to arrange and attend another appointment if they failed to attend the first one.

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 an up to date comprehensive fire risk assessment and carried out fire drills every month. Fire evacuation procedures were carried out every three months. 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. For example, the practice manager ensured annual leave was booked in advance. There was good communication between staff as they would text each other using a mobile messaging application if they were off sick or required cover at short notice. They found this system effective in ensuring they were sufficiently staffed to meet patient needs.

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 and an emergency button on the wall 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 and all staff received training. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. They were checked every month and all the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, they used the NICE guidelines to review whether dermatology and paediatric referrals were appropriate. They found 13 out of 16 paediatric referrals reviewed against the guidelines were considered to be appropriate and 14 out of 20 dermatology referrals reviewed were also considered appropriate. Learning points were discussed, shared with staff and implemented by the practice.

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, with 3% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/2015 showed;

- Performance for diabetes related indicators was the highest and ranked first in the borough for diabetic care across all three parameters of HBA1C, total cholesterol and blood pressure. For example;
- The percentage of patients with diabetes on the register in whom the last HbA1C was 64mmol or less was 85% compared to national average of 83%.
- The percentage of patients with diabetes on the register whose last measured total cholesterol was 5mmol/l was 91% compared to the national average of 75%.
- The percentage of patients with diabetes on the register whose last blood pressure reading was 140/80mmHg or less was 92% compared to national average of 78%.
- The practice also achieved the highest targets in the CCG across all long term conditions.For example;
- The percentage of patients with hypertension having regular blood pressure tests was 91% which was better than the national average of 83%.
- The percentage of patients with COPD who had received an annual review in the preceding 12 months were 98% compared to the national average of 90%.
- The percentage of patients with mental health disorders who had a comprehensive agreed care plan was 93%, compared to national average of 88%.

  The data pack for results published in 2014/2015 showed the ratio of reported versus expected prevalence for COPD was 0.47% compared to the national average of 0.71% and was highlighted for further enquiry. The practice told us that this variation was due to the young demographic of patients at the practice.

  Clinical audits demonstrated quality improvement.
- There had been five clinical audits completed in the last two years and all five 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, they undertook an accident and emergency attendance audit of 28 patients who had visited the accident and emergency a total of 141 times in the last six months. The audit showed 55 visits out of 141 had been avoidable. The practice took action to reduce the number of avoidable attendances which included discussion with the frequent attenders project team. They also developed an open access system whereby they had an accident and emergency duty

Good

Are services effective?

(for example, treatment is effective)

doctor who provided extra same day urgent appointments and telephone consultations which reduced visits to the accident and emergency department.

Effective staffing

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

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example, they held joint weekly clinics with the diabetes nurse specialist and dietician. They also held joint clinics with the heart failure nurse and respiratory nurse specialist and hosted bimonthly mental health reviews attended by the consultant psychiatrist and community psychiatric nurse. The primary care psychologist held fortnightly clinics for patients within the practice. Multidisciplinary (MDT) meetings took place on a monthly basis and care plans were routinely reviewed and updated and patient care improved. For example, when the COPD nurse attended their MDT meeting they discussed a frequent accident and emergency attender who had COPD. This resulted in the patient's management plan being altered which in turn led to decreased attendances to accident and emergency.

The practice also worked closely with the pharmacist based at their practice who advised them on prescribing.

As a result of this joint working, they provided tailored, holistic and effective care to their patients with long term conditions resulting in them achieving the highest targets across the CCG for this population group.

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 records audits.

Supporting patients to live healthier lives

Good

Are services effective?

(for example, treatment is effective)

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation.
- The practice had recruited a benefits adviser based at the practice every two weeks to see patients referred by the practice for advice, help and support or signposting to other services.
- A dietician was available on the premises and they offered smoking cessation referrals.

The practice's uptake for the cervical screening programme was 87%, which was higher than the national 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 ensuring they offered female staff, leaflets and language line. A major alert was also placed in the patient's medical record and opportunistically during their next appointment patients were offered or reminded by a clinician. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. For example, the practice had trained lead staff who proactively informed patients coming up to their 60th birthday that they would receive a bowel screening test kit in the post and would remind them of the importance of completing and returning the kit.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, the uptake of childhood immunisation rates for the vaccinations given to under two year olds were 95% compared to national average of 95% and for five year olds were 95% compared to national average of 90%.

Flu vaccination rates for the over 65s were 88% compared to national average of 70% and for under 65's were 71% compared to national average of 60%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, 16th birthday health checks and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced and were happy with the practice. Two of the comment cards we received highlighted issues with appointment waiting times and one highlighted issues with the lack of details and advice given by the practice. We spoke to 10 patients and they all felt the practice offered an excellent service, felt involved in their care and staff were helpful, caring and treated them with dignity and respect. They also told us that they found the telephone consultations good, although three patients said they did not know how to access the out of hours service.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and felt the practice offered good personalised care and their dignity and privacy was respected. They also felt the practice made a lot of effort for PPG meetings and made them enjoyable. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% said the GP was good at listening to them compared to the CCG average of 86% and national average of 88%.
- 83% said the GP gave them enough time (CCG average 83%, national average 86%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 90%).
- 85% said they found the receptionists at the practice helpful (CCG average 87%, national average 86%).

The Practice believe the data published in July 2015 on consultations with the GPs showing below average satisfaction scores were as a result of sessional GPs in post at the time. In response to the survey scores, the practice took steps to improve this and together with the PPG had identified this as a priority area. Most recent data published in January 2016 showed satisfaction scores where the practice had scored below average on consultations with the GPs had improved as a result of permanent GPs coming into post and this aligned with patient views on the day. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 95% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 78% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

Care planning and involvement in decisions about care and treatment

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

Good

Are services caring?

Results from the national GP patient survey published in July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 67% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 81%).
- 82% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 84%).

However, the practice stated that the data published in July 2015 on consultations with the GPs showing below average satisfaction scores were as a result of different GPs in post at the time. More recent data published in January 2016 showed satisfaction scores had improved in the area of decision making involvement which the practice attributed to new GPs coming into post. This aligned with patient views on the day. For example:

- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).

Staff told us that translation services were available for patients who did not have English as a first language and these patients were offered double appointments. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Patients were also asked at registration if they were carers and 1% were identified on the practice list. For the past eight years, the practice was providing an in-house carers support service, however, this was recently ceased due to funding constraints. Following this, carers were signposted to the relevant services for support.

Staff told us that if families had suffered bereavement, their usual GP contacted them and 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, via enhanced services they offered children from the age of 5-17 with long term conditions by offering them care plans and ensuring they were reviewed by a doctor with an appointment time of 20 minutes. Children in this age group were also offered new registration health checks and were sent invitation letters for their 16th birthday health check.

- The practice had effective systems and processes in place such as a strong focus on health promotion and routine screening of patients at risk of diabetes at new registration checks that enabled them to achieve the highest targets across the CCG for their management of long term conditions including diabetes. All staff were also assigned a specific group of patients with long term conditions whom they ensured received timely care and would facilitate telephone consultations for them without having to attend the surgery.
- Patients over 75 had a named GP and were offered annual health checks. The practice held a register for elderly and housebound patients and we saw care plans and risk assessments in place. Monthly multidisciplinary (MDT) meetings were held to discuss and update their care plans. They were also offered phlebotomy and immunisations at home.
- The practice worked in partnership with an external organisation to provide weekly Active Living classes for over 60's and Tai Chi classes for over 50's. This aimed to promote patients' physical and mental wellbeing.
- The practice held registers for patients in receipt of palliative care and they were offered routine home visits at the end stage. They also held registers for patients with long term conditions and they received specialist input from members of the multidisciplinary team who delivered joint clinics with the practice. They recognised that these patients were at greater risk of associated depression and mental health problems and were proactive in ensuring that part of their reviews also included psychological intervention from the consultant psychiatrist.
- The practice employed a family practitioner who provided an in-house benefits advisory service which involved hosting weekly clinics for patients referred to the service by the practice staff. The advisor would provide help with housing, benefits, form fillings as well as signposting to other services.
- There was a designated member of staff responsible for recalling mental health patients for their reviews every three to six months. Patients who did not attend their review were followed up by a mental health navigator who would conduct a home visit at the surgery's request.
- The practice worked closely with the Alzheimer's Society advisers who were attached to the practice and they also carried out advance care planning for patients with dementia and they worked closely with a dementia adviser attached to the practice. They offered health checks for patients not seen for five years and health checks for working age people, annual reviews and fax prescription requests. They also undertook health promotion activities such as sexual health services, cervical smears and prostate cancer screening. Patients who did not attend their bowel and breast screening appointments were followed up.
- The practice made use of prompt sheets before consultations and offered extended consultations for those with long term conditions and 30 minute consultations for newly diagnosed patients. There were personalised care plans in place for these patients. The practice had alert systems in place to highlight vulnerable patients who were offered same day appointments. There were longer appointments available for patients with a learning disability and these patients were offered annual health checks.
- The practice delivered antenatal and postnatal care and ensured pregnant mothers were reviewed at 16 weeks and postnatally to manage concerns and reduce obstetric complications. Same day appointments were available for vulnerable children and adults as well as for those with serious medical condition.
- The practice made good use of language translation facilities and had access to sign language facilities.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Patients requiring these services were offered double appointments. Staff automatically booked an advocate for patients who did not have English as their first language.

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. They provided a One-stop travel vaccination clinic.
- They took into account patients' religious needs such as fasting and ensured they were offered appointments once their fast times ended.
- There were facilities available for those with a disability for example, the practice had installed a lift to improve access for service users with a mobility disability.

Access to the service

The practice is open between 8.00am and 6.30 pm on Monday to Friday. Appointment times are from 9.00am. Extended hours surgeries are offered on Tuesday from 6.30pm to 8.00pm and Wednesday from 6.30pm to 7.30pm. The answerphone redirects patients to an out of hours provider at the following times: 6.30pm to 8.00am on Monday, Thursday and Friday, 8.00pm to 8.00am on Tuesday and 7.30pm to 8.00am on Wednesday. Telephone appointment slots are offered from 11.00am to 12.30pm daily.

Due to the increasing number of patients not attending their appointments, (DNAs), pre-bookable appointments were bookable no more than two weeks in advance. This measure was put in place after the practice carried out a DNA audit and found that appointments booked more than two weeks in advance led to patients forgetting and wasting appointment slots. Urgent appointments were available for people that needed them.

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

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 74%.
- 82% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 63% patients said they usually wait 15 minutes or less after their appointment to be seen (CCG average 61%, national average 64%).

The practice had responded to the low satisfaction scores on their opening times and had taken steps to increase their appointments in the morning and had begun to offer walk-in clinics between 8.00am and 9.00am on some days with a view to establishing these clinics every day.

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 and we saw posters displayed in the waiting room.

We looked at five complaints received in the last 12 months and found they were dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice had failed to complete a patient referral to a hospital specialist at the patients request because they had not received this request directly from the hospital, resulting in the patient making a complaint. An appointment was booked with the patient to discuss their concerns and a referral was subsequently made. Lessons learnt were that the practice could have followed up with the hospital to facilitate patient 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 mission statement which was displayed in the waiting areas and staff knew and understood the values and a clear vision with quality and safety as its top priority.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

They 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 which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They had a detailed understanding of practice performance and tailored services to meet local needs. They prioritised safe, high quality and compassionate care. They offered services to improve patient's health and mental wellbeing and had robust processes to offer their patients high quality care.

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a low staff turnover and there was a strong commitment to staff development and teaching for example, the practice nurse was allocated two hours each day for administration tasks and self-directed learning. She attended relevant CCG training courses and was currently undergoing COPD training supervised by the respiratory nurse specialist. The nurse was also due to undertake an advanced nurse practitioner course the following month. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

The lead GP was a member of the clinical executive committee of the CCG and also chaired the local Individual Funding Request (IFR) team. He was also Vice Chair for KLEAR Consortia (a clinical commissioning group made up of 10 City and Hackney GP practices responsible for providing primary care within the local area. He was also a member of the Planned Care Board of the CCG. The salaried GP worked for the GP confederation that supported failing practices. This was achieved through sharing knowledge he had gained from this practice to help other practices to improve.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good

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

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 a very active PPG which influenced practice development. They met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had made suggestions to improve telephone access to the surgery to give greater access to patients and increase patient satisfaction. As a result, the practice implemented three telephone lines and two mobile phones were used for outgoing calls only to keep lines free for patients ringing the surgery.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice and maintaining high quality patient centred care. For example, they had a vision to grow the practice and enhance service provision in the form of minor surgery, enhanced family planning services and dermatology services. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.