

Haiderian Medical Centre

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?

Outstanding 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

Overall summary	2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Haiderian Medical Centre	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 25 March 2015 – Good)

The key questions are rated as:

Are services safe? - Good

Are services effective? - Good

Are services caring? - Good

Are services responsive? - Outstanding

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People - Outstanding

People with long-term conditions - Good

Families, children and young people - Outstanding

Working age people (including those recently retired and students - Good

People whose circumstances may make them vulnerable - Outstanding

People experiencing poor mental health (including people with dementia - Good

We carried out an announced inspection at Haiderian Medical Centre on 29 March 2018 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 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care. For example same day urgent appointments were available.
- The practice has a strong community involvement
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Summary of findings

We saw areas of outstanding practice in the responsive provision of extra services and support to all of the population groups. For example:

- The practice embraced social prescribing, hosting a regular afternoon tea party, aimed at targeting social isolation and loneliness in the elderly.
- The practice had run a workshop for parents of children under 5 years old who had presented frequently with their children, for minor ailments that would have been suited to home care. GPs delivered educational information on the three most common minor ailments seen at the practice e.g. cough, fever and ear pain.
- The practice had run a healthy lifestyle workshop for people eligible for the NHS Health Checks.

- The practice had also worked with a private company that specialised in Virtual Reality (VR) use in Healthcare. Using their experience the practice was able to use VR for therapeutic purposes, such a relaxation for the patient and respite for the carers.

There were areas where the Provider could make improvements and the should:

- Consider improving the way in which carers are identified so as to increase the numbers who support can be offered to.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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

Haiderian Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and also included a GP specialist adviser.

Background to Haiderian Medical Centre

The Haiderian Medical Centre has two sites, one in Corbets Tey Road and a second in Dorkins Way. The main practice (Corbets Tey Road) is situated within a large converted house. Consulting rooms are situated on ground level with easy access for those with impaired mobility.

The practice is located in the London Borough of Havering and is part of the NHS Havering Clinical Commissioning Group (CCG) which is made up of 49 practices. It currently holds a Primary Medical Service (PMS) contract and provides NHS services to 6,242 patients. At the last inspection in March 2015 there were 4,746 patients registered. The growth in the list size was due to a merger, in 2016, with a neighbouring practice.

The practice has a higher population of patients aged over 65 than the England average (24.2% compared to 17.2%).

Five percent of the registered practice population were from Black, Asian and Minority Ethnic groups with the remaining 95% being white.

Information published by Public Health England rates the level of deprivation within the practice population group as tenth on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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

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

The practice provides a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract) including learning disability health checks. Private travel vaccinations are offered in addition to those available free of charge on the NHS.

There is currently one female GP Partner working five sessions, three salaried GPs (all female) working 11 sessions and a male long term locum working four sessions. There are also two female practice nurses working 12 sessions, nine administrative staff (one full-time and eight part-time) and a full time practice manager who is also a partner. The practice is accredited to provide training opportunities for qualified doctors seeking to become GPs. At the time of the inspection there was one male postgraduate doctor training at the practice.

The main practice located in Corbets Tey road is open between 8am and 7pm on a Monday, Thursday and Friday with appointments available between 8.30am and 12.30pm then 1.30pm to 6.30pm. On Tuesdays the practice is open between 8am and 7:30pm with appointments between 8.30am and 12.30pm then between 1.30pm and 6.30pm

Detailed findings

with extended hours between 6.30pm and 7:30pm. The practice opens Wednesday between 8am and 7pm with appointments between 8.30am and 12.30pm. The practice does not hold a surgery on a Wednesday afternoon.

Patients are signposted to the local out of hours provider. The second practice in Dorkins Way is open between 8am

and 2pm each week day and offered appointments between 8.30am and 1.30pm. The practice opted out of providing an out of hours service and refers patients to a local out of hours provider or the '111' service.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. There was a lead GP responsible for safeguarding within the practice and staff were aware of who this was. Staff at all levels knew how to identify and report concerns and they told us that they were very aware of the need to report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a 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 carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required.
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods. Minimum working levels for GPs were in place so that clinical rotas could be prepared further in advance. This ensured consistent clinical cover within the practice whilst allowing for flexibility for GPs to attend their other clinical commitments, professional interests and development.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results which ensured that results were dealt with in an effective and safe manner and that patients were notified of any abnormal results.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their 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.
- Patient Group Directions (PGDs) had been adopted by the practice to allow the administration of medicines in line with legislation, although they were currently not required as the nursing staff comprised nurse prescribers. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. There were five significant events recorded during the last 12 months.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, monthly meetings of all staff were held, with significant events being a standing agenda item. We saw minutes of recent meetings confirming that significant events had been discussed. For example, in one instance a note had been added to the appointments section of a patient, requesting an action to be undertaken by the GP. Unfortunately this also resulted in the request for that action being emailed to the patient. We saw evidence of this being discussed at a staff meeting with the outcome that requests for GP action are placed elsewhere on the system.
- There was a system for receiving and acting on safety alerts. We were told that all clinicians had signed up to receive medicines alerts and that when they were received, the alert was recorded on a spreadsheet and kept in a folder on the shared drive. If a search of patients who might be affected by a particular alert was required, the practice manager would undertake the search and the appropriate action would be taken. Alerts would also be discussed during clinical meetings. We were shown evidence of a recent alert which resulted in a search being undertaken and saw that the appropriate action was taken as per the recommendations of the MHRA.
- A practice business continuity plan was in place.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as good for providing effective services.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (01/07/2016 to 30/06/2017) was comparable to other practices in England.
- The number of antibacterial prescription items prescribed (01/07/2016 to 30/06/2017) was comparable to other practices in England.
- The percentage of antibiotic items prescribed that are Cephalosporins or Quinolones (01/07/2016 to 30/06/2017) was comparable to other practices in England.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice hosted multi-disciplinary team (MDT) meetings, care was co-ordinated and planned and

reviewed for high risk and severely frail patients. The composition of the meetings would vary according to clinical demands but could include GPs, social workers, district and long term conditions nurses, palliative care nurses, etc.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that included an assessment of asthma control using the three Royal College of Physicians (RCP) questions was 80% which was comparable to other CCG practices (76%) and nationally (76%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 85% which was comparable to other CCG practices (80%) and nationally (78%).
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 89% which was comparable to other CCG practices (88%) and nationally (90%).
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 80% which was comparable to other CCG practices (82%) and nationally (83%).

Are services effective?

(for example, treatment is effective)

- The percentage of patients with atrial fibrillation in whom stroke risk had been assessed using the CHA2DS2-VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS2 or CHA2DS2-VASc score of 2 or more) was 95% which was comparable to other CCG practices (86%) and nationally (88%).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme and uptake rates for the vaccines given were significantly above the target percentage of 90% or above in all four areas:
 - The percentage of children aged 1 with a completed course of 5:1 vaccine was 98%.
 - The percentage of children aged 2 with pneumococcal conjugate booster vaccine was 96%.
 - The percentage of children aged 2 with Haemophilus influenzae type b and Meningitis C booster vaccine was 96%.
 - The percentage of children aged 2 with Measles, Mumps and Rubella vaccine was 91%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Appointments were available outside of school hours and the premises were suitable for children and babies, this included baby changing facilities. We saw good examples of joint working with midwives, health visitors and school nurses.

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

- The practice's uptake for cervical screening was 75%, which was slightly below the 80% coverage target for the national screening programme. The practice was aware that this figure was below the national target figure but felt that the recent addition of 1,300 patients resulting from a merger with a local practice was responsible for

this. The practice had achieved over 80% at the last inspection and was working to re-achieve that figure by contacting all the new patients who fell within the required age group.

- The practices' uptake for the various breast and bowel cancer screening programmes (ranging from 56% to 77%) was higher than the national averages which ranged from 55% to 70%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice worked closely with social care and voluntary organisation to ensure a joined up approach to provide a holistic package of care.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had alerts within patient's records which also indicated patients with carers as well as those patients who had a carer.

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

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is higher than the national average figure of 84%.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is higher than the national average figure of 90%. There were no exceptions to this figure. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

Are services effective?

(for example, treatment is effective)

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is higher than the national average figure of 91%. The overall exception reporting rate was 5% compared with a national average of 9%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published QOF results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 96%. The overall exception reporting rate was 9% compared with a national average of 10%.

- The practice used information about care and treatment to make improvements. They monitored and reviewed QOF and prescribing data as part of clinical meetings and used quality evaluation and quality improvement tools to monitor outcomes for patients.
- The practice was actively involved in quality improvement activity. There had been five clinical audits completed in the last year which had been completed over two cycles. The improvements made were implemented and monitored. For example, an audit was conducted on housebound patients in September 2017 to see whether, as a vulnerable group, they were receiving the same high standard of medical care as patients who can visit the surgery i.e. QOF/ Chronic disease Management Checks, receiving flu jabs in a timely fashion and having access to acute care in the home. The results of the audit suggested that acutely unwell housebound patient appeared to be getting an excellent service but that opportunistic care was not as great on an acute home visit e.g. recording of blood pressure and offering flu vaccines, etc. The results were discussed during a clinical meeting and it was decided that a Home Visit Policy would be introduced

which would emphasise the importance of opportunistic health care in housebound patients. A second audit was conducted during February 2018 and it was found that all housebound patients had been reviewed within the last 6 months and were up to date with chronic disease checks. A further audit is planned for July 2018 to ensure the current results are being maintained.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Are services effective?

(for example, treatment is effective)

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway was 56% which was comparable to other practices in the CCG and nationally.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described the service they received as excellent, and that they felt the staff went above and beyond what would normally be expected. They said the staff were professional, caring and friendly. The results of the NHS Friends and Family Test indicated patients were mostly 'extremely likely' and 'likely' to recommend the practice to their friends and family.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and sixty surveys were sent out and 119 were returned. This represented about 2% of the practice population. The practice scored higher than the CCG average in every question and was in line with, or above, national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 81%; national average - 86%.

- 89% of patients who responded said the nurse was good at listening to them; (CCG) - 89%; national average - 90%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 89%; national average - 91%.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers by asking new patients to complete a questionnaire to identify whether they required additional help or assistance. They were also identified when attending for reviews and opportunistically when attending routine appointments. The practice's computer system alerted GPs if a patient was a carer and also if a patient had a carer. The practice had identified 60 patients as carers (just under 1% of the practice list) but this percentage figure had been higher prior to the practice merger. Work was on-going to identify carers amongst the new patients. The practice audited its carers list on an annual basis to ensure its accuracy and also identified those carers according to the care needs of the people they cared for e.g. dementia, learning difficulties, etc.

- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent

Are services caring?

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.

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

- 83% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 81% and the national average of 86%.
- 81% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 77%; national average - 82%.

- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 85%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.
- The practice complied with the Data Protection Act 1998 and was aware of the requirements for the forthcoming General Data Protection Regulation (GDPR) which is due to come into effect on 25 May 2018.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice and the population groups "Older People", "Families, children and young people" and "People whose circumstances make them vulnerable" as outstanding for providing responsive services. The remaining population groups were all rated good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. It offered online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice also made extra appointments available to ease winter pressures during the months of November to March.
- 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 as well as those only available privately.
- There were disabled facilities and translation services available. A hearing loop was present.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

- The practice visited nursing and residential homes each week with an established GP rota. Nursing home enquiries were prioritised and dealt with on the day.
- The enquiries of carers' for elderly patients were prioritised to ensure efficient and safe health management. The reception staff were trained to prioritise these requests.
- The practice embraced social prescribing, hosting a regular afternoon tea party, aimed at targeting social isolation and loneliness in the elderly. All staff, including non clinical, were able to highlight patients who may benefit e.g. those recently bereaved or isolated Carers. The event was supported by a local charity and the practice had used innovative techniques to engage with patients, such as pet therapy and Virtual Reality (VR) experiences. VR is the use of computer technology to create a simulated environment. Unlike traditional user interfaces, VR places the user inside an experience and instead of viewing a screen in front of them, users wear a VR headset and are thus immersed in, and able to interact with, 3D worlds. Comments from users included "I learnt a lot about space", "it was something new and different" and "I don't get to travel much anymore and it was nice to experience another country". Qualitative data collected 6 months after the first event, demonstrated that 100% of those attending reported improved mental well being from attending and that 100% of those patients who reported loneliness felt that these events made them feel less isolated and lonely.
- The practice collaborated with secondary care geriatric specialists to review their severe frailty patients in the community. All patients on the severe frailty register were invited for a Comprehensive Geriatric Assessment, which is a gold standard in geriatric care as stated by the British Geriatric Society. This involved a 30 minute appointment with the Nurse and a 45 minute holistic assessment with both the GP and Consultant Geriatrician. Housebound patients were visited at home by the Multidisciplinary team to improve care. Data following the reviews demonstrated a reduction in admission rates for these patients in addition to minimising the drug burden and reducing poly-pharmacy. Feedback from patients also showed that they felt more supported and had an opportunity to express all their concerns following these specialist reviews.



Are services responsive to people's needs?

(for example, to feedback?)

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice had worked with Diabetes UK to run an in-house educational diabetic workshop, targeting those patients with obesity and poor diabetic control. The practice nurse and GP had attended local courses for diabetes structured education and used this best practice to generate a tailor made work-shop for the high risk diabetics at the practice. This involved interactive presentations on what diabetes is, diet, exercise and lifestyle advice. After attendance, 93% of patients felt that had a better understanding of what diabetes is and they felt more motivated about keeping a healthy diabetic lifestyle.
- The practice had recently undergone a merger with a practice which had achieved 56% QOF target in 2015/2016. In contrast, the Haiderian Medical Centre achieved 99% of its QOF target for the same year. This merger caused the QOF figure to fall but within six months of the merger taking place the practice had managed to reach 99% of its QOF target again thus demonstrating a whole team commitment to chronic disease management. Extra GP and Nurse sessions, as well as administrative time was required to achieve this result in a short period of time.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice provides good access to appointments, including at family friendly times.
- The practice had run a workshop for parents of children under 5 years old who had presented frequently with their children, for minor ailments that would have been

suited to home care. GPs delivered educational information on the three most common minor ailments seen at the practice e.g. cough, fever and ear pain. A pharmacist was also present to give further support on over the counter treatment. The aim was to build confidence and empower parents to manage self-limiting conditions through self-care. A three month follow up showed a 53% reduction in avoidable attendances over the busiest winter period for minor ailments. This was also complemented by feedback from parents who all stated they felt more confident at dealing with minor illness after attending the workshop.

- The practice had run a campaign to increase child flu vaccine uptake. To do this they hosted a children's flu day party with party bags, balloons and children's entertainment. This led to a 10% increase in child flu vaccine from 2017 to 2018. The practice was rated in the top six practices in Havering for child flu vaccine.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered commuter clinics in the evening, as well as regular commuter slots which were reserved specifically for working professionals.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice had worked with Public Health on several projects, which included a cancer awareness workshop. This was open to all ages and groups and the area was selected as the ward within the CCG had been identified as having poor cancer outcomes.
- The practice had also run a healthy lifestyle workshop for people eligible for the NHS Health Checks. Eighty three per cent of patients attending reported feeling more informed about what a healthy lifestyle was.

People whose circumstances make them vulnerable:

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



Are services responsive to people's needs?

(for example, to feedback?)

- The practice had hosted annual carer's days in conjunction with Havering CCG, Havering Social Services and Dementia Charity, Tapestry. These events were open to all registered carers at the practice as well as carers not registered at the practice.
- The practice pioneered carer's health checks, offering all registered carers a 20 minute health check with a GP. They worked with Havering Social Services, Carers Charities as well as Age UK, Tapestry and Dementia Action Alliance who were providing signposting and advice in the waiting area. The health check included exploring any support with carer roles, depression screening, emergency care plans and remaining vigilant for any safeguarding issues. Fifty eight per cent of patients were identified as suffering from depression and 31% patients required further physical checks e.g. for chronic diseases.
- The practice had run a specific learning disability carer workshop with the Adult Learning Disability Team. All patients who have a learning disability have had a health check.
- The practice offers a flexible appointment promise to all carers and those with a learning disability.
- The Practice proactively updates and adds to its carer's register. All staff are responsible including front line reception staff. Even former carers who can still offer peer support and benefit from feeling they haven't lost their identity as a carers are kept on the register and invited to events. This has proved immensely valuable for both the former carers and the wider carer's group.
- The practice had conducted an extensive audit into its care for housebound patients for both acute, chronic and opportunistic care. The practice had redesigned the home visit policy to ensure that all patients have regular reviews by a GP. It demonstrated a commitment to ensuring there are no health care inequalities from being housebound.
- The practice had also worked with a private company that specialised in Virtual Reality (VR) use in Healthcare. Using their experience the practice was able to use VR for therapeutic purposes, such a relaxation for the patient and respite for the carers.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice worked with Havering Council to run a Mindfulness workshop for patients. This was targeted at working professionals and included patients with poor mental health as well as those interested in building resilience in order to prevent the onset of mental illness. All patients who attended found the workshop helpful and felt that they would continue to use mindfulness in the future.
- The practice had also run a number of events for dementia patients and their carers, which included arts and crafts sessions and activity afternoons with puzzles.
- The practice is part of the Dementia Action Alliance group and has been made a Dementia Friendly Practice for 2018/2019. They also made adjustments to their waiting area, after recommendations from Dementia Charities, which included having a dementia Clock and reviewing artwork to ensure it was dementia friendly.

Timely access to care and treatment

Patients were able/were not able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher in every question than the CCG average and was in line with, or above, national averages. This was supported by observations on the day of inspection and completed comment cards. Two hundred and sixty surveys were sent out and 119 were returned. This represented about 2% of the practice population.

- 72% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.



Are services responsive to people's needs?

(for example, to feedback?)

- 90% of patients who responded said they could get through easily to the practice by phone; CCG - 65%; national average - 71%.
- 72% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 50%; national average - 56%.
- 79% of patients who responded said their last appointment was convenient; CCG - 77%; national average - 81%.
- 83% of patients who responded described their experience of making an appointment as good; CCG - 69%; national average - 73%.
- 83% of patients who responded said they don't normally have to wait too long to be seen; CCG - 55%; national average - 58%.

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

- The complaints policy and procedures were in line with recognised guidance. Five complaints were received in the last year. This included all verbal and written comments or complaints. We looked at three written complaints received in the last 12 months and found that they had been acknowledged and thoroughly investigated in a timely way and with whole team involvement during discussions at staff meetings. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. One complaint arose as a result of a nurse making an entry in the notes, prior to completing the visit, that a flu jab had been administered. The nurse was unable to gain entry to the house and this subsequently cause confusion when the patient requested the flu jab. Guidance on accurate medical records was discussed and minuted at a practice meeting and the full circumstances of what had happened were discussed with the patient. Duty of Candour was complied with.

Are services well-led?

Good 

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

Our findings

We rated the practice, and all of the population groups, as good for providing well-led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Regular meetings were held. These included clinical meetings, multi disciplinary team meetings, whole practice meetings and palliative care meetings. We saw several sets of minutes and agendas to evidence these meetings taking place.

Are services well-led?

Good 

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

- A programme of continuous clinical and internal audit was used to monitor quality and to drive quality improvements.

Managing risks, issues and performance

There were clear and effective/was no clarity around processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.

- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. 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.
- There was an active patient participation group.
- The practice was open with patients and external partners if things had gone wrong and that they were consulted on issues that impacted upon patients.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints.
- Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.