# AK Rana

## 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

## Contents



## Overall summary

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

We carried out an announced comprehensive inspection at AK Rana on 14 January 2016. The overall rating for the practice was good. The full comprehensive report on the 14 January 2016 inspection can be found by selecting the 'all reports' link for AK Rana on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 25 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 14 January 2016. There were concerns due to the registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example the practice referred patients for social prescribing to improve their overall wellbeing.
- Feedback from patients about their care was consistently positive.
- 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. For example the practice referred patients for social prescribing.
- 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 a PPG notice board to encourage new members and to keep patients informed of developments at the practice.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs, however, the main entrance was not wheelchair user friendly.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had 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.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

However there were areas of practice where the provider should make improvements:

- Review their health and safety risk assessment and ensure it is specific to the practice.
- Ensure that there is a system in place to assist wheelchair and pushchair users in gaining access through the main doors.
- Ensure improvements are made to address patient access to appointments and some aspects of care as outlined in the patient survey.

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**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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety, however the health and safety risk assessment needed reviewing.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

The practice had a ramp at the entrance for wheelchair and pram access but the doors leading into the practice were heavy and not easy to open.

**Are services effective?**

Good

The practice is rated as good for providing effective services

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

End of life care was coordinated with other services involved.

**Are services caring?**

Good

The practice is rated good for providing caring services.

# Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a weekly walking group for patients who are isolated and/or want to exercise.

The practice offered Muslim patients Ramadan advice on diet and managing medications during this period.

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

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example the practice had established a walking group to help their patients be more active.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from six examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice provided an advocacy service two times a week for patients who could not speak English.

**Are services well-led?**

Good

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

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

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In six examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# 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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

### People with long term conditions

Good

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 89% compared to the CCG average of 85% and the national average of 80%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

# Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Families, children and young people**

Good

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

- From the sample of documented examples we reviewed 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.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

**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 these populations 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, extended opening hours and Saturday appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Repeat prescriptions, online consultations and telephone consultations were also available.

# Summary of findings

- Patients aged 40–74 had access to appropriate health assessments and checks that were followed up where abnormalities or risk factors were identified.

The practice ran a drop in clinic for blood pressure checks, blood tests and sexual health 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, travellers and those with a learning disability.
- 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 offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 referred patents to social prescribing where they could get support with issues such as housing, financial and exercise.

**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).

- The practice carried out advance care planning for patients living with dementia.
- 85% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.

# Summary of findings

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- The practice had a separate mental health patient participation group (PPG) to ensure the needs of this group were met.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 365 survey forms were distributed and 62 were returned. This represented 1% of the practice's patient list.

- 69% of patients described the overall experience of this GP practice as good compared with the CCG average of 77% and the national average of 85%.
- 57% of patients described their experience of making an appointment as good compared with the CCG average of 65% and the national average of 73%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the being treated with dignity and respect, however three mentioned concerned regarding the standards of care received and two patients felt the environment needed updating.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two mentioned that they felt that the receptionist asked too many questions when ringing for an appointment.

The friends and family test results showed that 78% (73% nationally) of patients find it easy to get through on the phone and 65% (78% nationally) said would recommend the surgery to someone new to the area, 77% (76% Nationally) of patients said they were happy with the practices opening hours.

## Areas for improvement

**Action the service SHOULD take to improve**

- Review their health and safety risk assessment and ensure it is specific to the practice.
- Ensure that there is a system in place to assist wheelchair and pushchair users in gaining access through the main doors.
- Ensure improvements are made to address patient access to appointments and some aspects of care as outlined in the patient survey.

# AK Rana

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

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

## Background to AK Rana

AK Rana (Merchant Street Practice) is located in a residential area. It provides primary medical services to approximately 5,300 patients. The practice also provides care and treatment for a hostel and a care home for patients with chronic mental health. The practice holds a General Medical Services (GMS) contract and is commissioned by the NHSE London (A GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities). The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury. Services are provided from the location of Merchant Street Health Centre, 5 Merchant Street, Bow, London E3 4LJ.

The practice is staffed by two GP partners (one male one female) providing nine sessions per week between them. One salaried GP (female) five sessions and one long term locum (male) covering six and half sessions per week. The practice employs one female practice nurses, one male and one female healthcare assistant, six female administrative staff, one practice manager and one deputy practice manager. It is a teaching and training practice supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs. The practice has two GP registrars.

The practice is open between 8am and 6.30pm Monday, Tuesday, Wednesday and Friday. On Thursday the practice is open between 8am and 1pm. The surgery is closed Monday, Wednesday and Friday between 1pm and 2pm for lunch. Appointments are from 9.30am to 12.30pm every morning and 3.30pm to 6pm daily. There are no afternoon appointments on Thursday. Extended surgery hours are offered on Monday between 6.30pm and 7.30pm and on three Saturdays every month between 10am and 12.30pm. Appointments can be booked over the phone, in person or online. The out of hours services are provided by an alternative provider, Tower Hamlets Out of Hours service and the details of the service is displayed on the practice leaflet and accessed by calling the practice number.

The practice has a higher than average population of patients aged 20 to 39 years when compared to national average. The life expectancy of male patients is 81 years, which is comparable than the national average of 79 years. The female life expectancy at the practice was 83 years, which is the same as the national average. Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The practice runs a number of services for its patients including, cervical smears, sexual health clinic, dressings and removal of stiches, phlebotomy, anti-coagulation clinic and new patient health checks.

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of AK Rana on 14 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe services and good for effective, caring, responsive and well-led.

We undertook a follow up inspection on 25 May 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the 14 January 2017 inspection can be found by selecting the 'all reports' link for AK Rana on our website at www.cqc.org.uk.

## 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 14 January 2016. During our visit we:

- Spoke with a range of staff (clinical and non-clinical) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

# Are services safe?

## Our findings

**At our previous inspection on 14 January 2016, we rated the practice as requires improvement for providing safe services as the registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.**

**These arrangements had significantly improved when we undertook a follow up inspection on 25 May 2017. The practice is now rated as good for providing safe services.**

**Safe track record and learning**

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of six documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when the practice was prescribing to a small child according to weight the wrong weight was recorded and consequently the wrong dosage was prescribed. The practice quickly called the patient and checked the weight and prescribed accordingly. This was discussed at a practice meeting and the resulting action and learning was that the practice put an alert on their system to flag that the patient needed monthly weighing and the clinicians would double check before authorising repeat prescriptions. They were also noting the weight in the patients' record if it had been given by a parent. These measures would be put in place for all small children whose doses were weight dependant.
- The practice also monitored trends in significant events and evaluated any action taken.

**Overview of safety systems and processes**

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. From the sample of example we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, the nurse and HCA trained to level two and non-clinical staff were trained to level one.
- A notice in the waiting 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 (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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best

practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use, their numbers were recorded but not the dates of issue. 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. The Health care assistants were was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber (A PSD is a written instruction, signed by a GP, or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

**Monitoring risks to patients**

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- The practice had carried out health and safety risk assessments but these were not building specific and needed to address their own requirements and be less generic.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

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

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan 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**

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

**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 100% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%. The overall exception reporting rate was 9% compared to the CCG average of 6% and the national average of 10% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was higher than national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 89% which was higher than both the CCG average of 85% and the national average of 80%. Exception reporting was 7% compared to the CCG average of 6% and the national average of 13%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control, was 73%, which was comparable to the CCG average of 74% and the national average of 76%. Exception reporting was 1% compared to 3% for the CCG and 8% nationally.

- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients diagnosed with a mental health condition who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 93% compared with the CGG and national average of 89%. Exception reporting was 5% compared to the CCG rate of 7% and the national rate of 13%.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who have 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 97% compared to the CCG average of 89% and the national average of 90%. Exception reporting was 7% compared to CCG average of 6% and the national average of 11%.

There was evidence of quality improvement including clinical audit:

- There had been six clinical audits commenced in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice carries out an audit on patients on long acting beta agonist inhalers (LABA) which are usually prescribed for moderate-to-severe persistent asthma patients or patients with chronic obstructive pulmonary disease (COPD). The audit was done after the practice discussed the results of the National audit into Asthma deaths which found that patients on LABA alone were at high risk of death and the new guidance advises that asthmatic patients must not be on LABA alone without a steroid inhaler. They should ideally be on a combined steroid and LABA inhaler. The first audit cycle showed that 7% of asthma patients were on a LABA inhaler alone without steroid inhaler. These patients were all called and booked with

Good

# Are services effective?

## (for example, treatment is effective)

the practice nurse and pharmacist had an asthma review and their inhaler was changed. The second audit cycle showed that 0% of asthma patients on LABA inhaler alone.

In addition to those audits the practice had also set up quarterly safety monitoring searches to monitor patients on high risk drugs, warfarin, Lithium to ensure they were receiving the recommended monitoring.

**Effective staffing**

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

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

**Coordinating patient care and information sharing**

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of three documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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.

**Consent to care and treatment**

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

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

**Supporting patients to live healthier lives**

Good

# Are services effective?

## (for example, treatment is effective)

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and mental health issues.
- Dietetic advice was available on the premises and smoking cessation advice was available from a local support group.

Childhood immunisation rates for the vaccinations given were higher than national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice exceeded the target in all four areas. These measures can be aggregated and scored out of 10, with the practice scoring 9.4 (compared to the national average of 9.1). Uptake rates for the vaccines given to five year olds from 93% to 95% compared with the national average range of 88% to 94%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 78% and the national average of 81%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. The number of patients aged between 60-69 who had been screened for bowel cancer in the last 30 months was 42% which was the same as the CCG average with the national average being 58%. The number of female patients aged 50 to 70 who had been screened for breast cancer in the last three years was 62% which was comparable to the CCG average of 56% but lower than the national average of 72%.

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

Good

# Are services caring?

## Our findings

Our findings

**Kindness, dignity, respect and compassion**

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same sex.

Most of the seven patient Care Quality Commission comment cards we received were positive about the service experienced. Some expressed dissatisfaction with the quality of care in particular with regard to delayed diagnosis of joint pains, were the patient felt the referral should have been done sooner. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with eight patients including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected, however two patients did mentioned that they felt that the receptionist asked too many questions when ringing for an appointment. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 82% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 70% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 92%
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 89% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 82% and the national average of 91%.
- 86% of patients said the nurse gave them enough time compared with the CCG average of 84% and the national average of 92%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 93% and the national average of 97%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

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

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

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

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 91%.

Good

# Are services caring?

- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.
- The practice had an advocacy service on Monday mornings and Tuesday afternoons for patients who could not speak English.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 70 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them, 80% of carers were immunised with the flu vaccine last year and they also offed health checks and support for carers. Older carers were offered timely and appropriate support.

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

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

The practice understood its population profile and had used this understanding to meet the needs of its population:

- Extended surgery hours are offered on Monday between 6.30pm and 7.30pm and on three Saturdays every month between 10am and 12.30pm.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had a large Bengali speaking population and offered an advocate every Monday mornings and Tuesday afternoons. Other language speaking advocates were available on request.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

**Access to the service**

The practice is open between 8am and 6.30pm Monday, Tuesday, Wednesday and Friday. On Thursday the practice is open between 8am and 1pm. The surgery is closed Monday, Wednesday and Friday between 1pm and 2pm for lunch. Appointments are from 9.30am to 12.30pm every morning and 3.30pm to 6pm daily. There are no afternoon appointments on Thursday. Extended surgery hours are offered on Monday between 6.30pm and 7.30pm and on three Saturdays every month between 10am and 12.30pm. Appointments can be booked over the phone, in person or online.

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.

- 75% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.
- 52% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 70% and the national average of 76%.
- 79% of patients said their last appointment was convenient compared with the CCG average of 86% and the national average of 92%.
- 57% of patients described their experience of making an appointment as good compared with the CCG average of 65% and the national average of 73%.
- 59% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 66%.

The practice were aware of these low scores and had made the following changes;

- They added an extra GP session on Thursday afternoon for booked face to face appointments (11 appointments).
- They extended the Monday GP clinic by six extra face to face appointments as this was their busiest day.
- They added a HCA clinic on two Saturday mornings a month (12 appointments).
- The practice also had two receptionists at the desk for enquiries and one receptionist in the back room to answer telephone during busy times.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- They had implemented an online consultation service in the practice to reduce demand for phone and face to face consultations.
- Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

For home visits patients had to call in the morning as early as possible and the GP triaged the calls to make an informed decision on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

**Listening and learning from concerns and complaints**

The practice had a system 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, there was a complaints form held at reception.

We looked at six complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way, with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint from a patient requesting an urgent appointment, after being given an appointment later that day, the patient collapsed just outside the surgery. The practice implemented their emergency procedures and the patient was taken to a room and attended by a GP while an ambulance was called. The practice contacted the patient on discharge to ensure that the referral made by the hospital was actioned. The patient made a complaint and it was discussed at a practice meeting and raised as a significant event, the patient received a full explanation and an apology. As a result of this complaint the practice trained the reception team in recognising serious illnesses which should be referred to the duty GP. In reception they now have a list of conditions which require urgent attention by a GP.

# 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.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

**Governance arrangements**

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, the responsibilities for safeguarding adults was with one GP partner and children with the other GP partner and the nurse lead in long term conditions and infection control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However whilst the practice did carry out health and safety risk assessments they were not tailored to the needs of their premises.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

**Leadership and culture**

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

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

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that the practice carried our regular staff surveys. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

# Are services well-led?

Good

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested a PPG notice board to encourage new members and to keep patients informed. They also suggested that there was a board with a picture of all the staff and their roles which the practice implemented.
- the NHS Friends and Family test, complaints and compliments received.
- staff through regular staff surveys, meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

**Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice discussed new NICE and clinical effectiveness group (CEG) guidance and new referral path ways in their journal club which is held monthly, which often lead to audits and reviews.
- The practice referred patients for social prescribing to improve their overall wellbeing, with assistance in, housing, finance and mental health offered.
- The practice had a weekly walking group for patients who are isolated and/or want to exercise and used the return walk to the surgery to hold health education talks on subjects such as menopause and staying healthy during Ramadan.