

Dr Beheshti

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?

Requires improvement



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Beheshti on 29 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patient satisfaction around access to the service was lower than local and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it difficult to make an appointment with a named GP and to access the practice by telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Review and improve the system for managing patients with long term conditions.
- Review and improve access to the practice by telephone.
- Review audit systems in relation to the monitoring of prescription pads in accordance with national NHS guidelines.

Summary of findings

- Take action to ensure there is an active Patient Participation Group in the practice.
- Review arrangements for translation services.
- Review procedures for carrying out and recording fire drills.
- To review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to them.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were below average for the locality and compared to the national average for the majority of clinical domains. The practice had action plans to improve performance but these plans had not yet been implemented at the time of inspection.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients satisfaction was in line with the national average, and above in some areas.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Patients said they found it difficult to make an appointment with a named GP and to access the practice by telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was not active at the time of our inspection.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 had a named GP.

Good



People with long term conditions

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

- We saw no evidence of a formal recall system to review patients with long term conditions.
- QOF performance for patients with long term conditions was below the national average. 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 68% compared to the CCG average 76% of and the national average of 81%.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed. GPs will do home visits if patients with long term conditions to attend surgery for reviews.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- 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 using the three Royal College of Physicians questions was 58% compared to a national average of 75%. We were told that this was due to coding issues and we saw evidence that work was underway to correct this.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 79% in line with the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended hours appointments three evenings a week and Saturday appointments once a month.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations should they be required as well as follow up

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 94%, in line with the CCG and national average of 94%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing below the national average in most areas, although they were comparable to other practices. A total of 279 survey forms were distributed and 125 were returned. This represented 3% of the practice's patient list.

- 40% found it easy to get through to this surgery by phone compared to the CCG average of 70% and the national average of 73%.
- 59% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 76%.
- 72% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 80% and the national average of 85%.
- 62% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 71% and the national average of 79%.

Although patient satisfaction results were below the national average they were comparable with other practices in the same Clinical Commissioning Group (CCG). On the day of inspection the practice provided evidence of an action plan to improve patient satisfaction in those areas that are below national average. For example, the practice employed a new salaried GP to

allow two additional morning sessions per week. The practice also revised the appointment system to allow clinician 'catch-up' slots to ensure appointments run to schedule.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards which were all positive about the standard of care received. The main theme identified in the comment cards was patients describing their care and treatment at the practice as a positive experience and patients noted that there are usually long waits in reception before seeing a clinician. We discussed this feedback with the practice on the day of our inspection and were told that as well as revising the appointment system, the practice put a noticeboard in reception which display details of which clinicians are on duty that day and information informing patients of appointment delays. The board is kept up to date by receptionists and patients are informed of the notice board when checking in for their appointment. The practice also displays the number of DNA appointments per week due to non-attendance without notifying the practice.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring. All patients said they would recommend the practice and felt involved in their treatment.

Areas for improvement

Action the service SHOULD take to improve

- Review and improve the system for managing patients with long term conditions.
- Review and improve access to the practice by telephone.
- Review audit systems in relation to the monitoring of prescription pads in accordance with national NHS guidelines.
- Take action to ensure there is an active Patient Participation Group in the practice.
- Review arrangements for translation services.
- Review procedures for carrying out and recording fire drills.
- To review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to them.

Dr Beheshti

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector and a GP specialist advisor.

Background to Dr Beheshti

The Dr Beheshti practice is a teaching practice located in Romford, East London within the NHS Havering Clinical Commissioning Group. The practice holds a General Medical Services contract (an agreement between NHS England and general practices for delivering primary care services). The practice provides a full range of enhanced services including childhood vaccination and immunisation, extended hours, dementia support, minor surgery, rotavirus and shingles immunisation and unplanned admissions.

The practice is registered with the Care Quality Commission to carry on the regulated activities family planning; maternity and midwifery services; surgical procedures; treatment of disease,

disorder or injury and diagnostic and screening procedures.

The practice had a patient list size of approximately 4,790 at the time of our inspection.

The staff team at the practice included two GP partners (male), one salaried GP (male), one GP registrar (female), one FY2 (male) (a grade of medical practitioner undertaking the foundation programme which forms the bridge between medical school and specialist/general practice training), one practice nurse (female), one health care assistant (female) and one practice manager. The practice had eight administrative staff. There were a total of 24 GP sessions and 14 nurse sessions available per week.

The practices opening hours are:

- Monday, Tuesday, Thursday and Friday from 8.30am to 6.30pm
- Wednesday from 8.30am to 1.00pm

Appointments are available at the following times:

- Monday and Tuesday from 8.30am to 12.30pm and 2.30pm to 6.30pm
- Wednesday from 8.30am to 1.00pm (patients phoning the surgery after 1.00pm are connected to the out of hours provider)
- Thursday from 8.30am to 12.30pm and 2.30pm to 6.30pm
- Friday from 8.30am to 12.30pm and 2.30pm to 6.30pm

Extended hours appointments are available at the following times:

- Monday, Tuesday and Friday from 6.30pm to 7.30pm
- Saturday from 9.30am to 12.30pm (once a month)

Outside of these times cover is provided by an out of hour's provider.

To assist patients in accessing the service there is an online booking system, and a text message reminder service for scheduled appointments. Urgent appointments are available daily and GPs also complete telephone consultations for patients.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This was the first inspection for this provider.

Detailed findings

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 June 2016.

During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a member of the public entered the surgery for assistance whilst having an asthma attack. A GP advised nebuliser treatment and there were no adult nebuliser masks available. The GP made the decision to use a paediatric nebuliser mask which was successful. Learning points identified that staff adhered to procedures for handling emergency situations and the importance of the regular checking of emergency supplies. A new system was put in place that along with the monthly checks of supplies a minimum of two adult masks must be in the practice at all times. The GP partners sign off the monthly checks.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated

they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3, the nurse was trained to level 2 and administration staff were trained to level 1.

- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, new flooring had been installed in all clinical areas in 2015 replacing carpet as identified by the infection control audit.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored however we did not find evidence that there was a system in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. (PGDs 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 had assessed the patient on an individual basis). The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

Are services safe?

(PSDs are the traditional written instruction, signed by a doctor 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 three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments, however we found no evidence that the practice carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor

safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan did not include emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 showed that the practice achieved 83% of the total number of points available, with 4.2% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was an outlier for QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was below the national average. For example, the percentage of patients with diabetes on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 68% (exception report rating of 3.69%) compared to the CCG average of 80% and the national average of 78% (according to CQC intelligent monitoring this figure was comparable to other practice). The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 69% (exception reporting rate 2.01%) compared to a national average of 88%.
- Performance for hypertension related indicators was below the national average. For example, 80%

(exception reporting rate of 1.09%) of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less compared to the CCG and national average of 84% (according to CQC intelligent monitoring this figure was comparable to other practices).

- Performance for mental health related indicators was below the national average. For example: 75% (exception reporting rate of 4.76%) of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with the CCG average of 92% and the national average of 88% (according to CQC intelligent monitoring this figure was comparable to other practices).
- Performance for dementia related indicators were below the national average. The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 77% (0% exception reporting) compared with the CCG average of 86% and the national average of 84% (according to CQC intelligent monitoring this figure was comparable to other practices).

We spoke to the partners on the day of inspection about QOF performance. They told us that although patients with long term conditions are reviewed through routine appointments they plan to run clinics for this cohort. The aim of the clinics would be to recall patients with long term conditions and review their care plans. The practice plan to allow time for the new salaried GP to settle in before using extra sessions to recall patients with long term conditions, more specifically a dedicated diabetic clinic. We were told the clinics will run starting in July 2016, the practice were unable to provide evidence of the clinics on the day of our inspection.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review. Findings were used by the practice to improve services. For example, an audit was carried out as a result of a patient safety concern. A patient was identified as taking two

Are services effective?

(for example, treatment is effective)

types of selective serotonin reuptake inhibitors (SSRI). SSRIs are a widely used type of antidepressant medication. The practice expected 100% of all patients on SSRIs to be only taking one unless clinically indicated and documented in the patient notes. The audit identified 33 patients on SSRIs; all 33 were only taking one type of SSRI. One year later a re-audit took place, 302 patients were identified as taking SSRIs, four of these patients were found to have two prescriptions for SSRIs. The four patients were reviewed and the prescriptions for multiple SSRIs were found to be clinically justifiable. The audit confirmed that SSRI prescribing was safe and in line with the best practice. The practice will continue to re-audit the prescribing of SSRIs on a quarterly basis.

Effective staffing

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

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

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. For example, on the day of inspection we saw evidence of multi-disciplinary team meetings for the purpose of coordinating care for vulnerable patients. We saw evidence of a skin club that the practice ran on a monthly basis. Patients were invited to attend the clinic run by a GP and a consultant dermatologist as a 'one stop shop' for patients with severe or unusual skin conditions.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- 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.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79%, which was in line with the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they

encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were above the national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 68% to 74% and five year olds from 58% to 85%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 10 patient Care Quality Commission comment cards we received were positive about the service experienced, apart from long waits in reception. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We were unable to speak with a member of the patient participation group as it is not currently active. The practice have identified three patients willing to join the group and are in the process of recruiting more members.

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

- 88% said the GP was good at listening to them in line with the CCG average of 83% and the national average of 87%.
- 85% said the GP gave them enough time above the CCG average of 81% and in line with the national average of 86%.
- 92% said they had confidence and trust in the last GP they saw in line with the CCG average and the national average of 95%.
- 84% said the last GP they spoke to was good at treating them with care and concern compared to a CCG average of 79% and a national average of 85%.

- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 90%.
- 75% said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 86%.

Care planning and involvement in decisions about care and treatment

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

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:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% a national average 81%.
- 96% said the last nurse they saw was good at involving them in decisions about their care compared to a CCG and national average of 85%.

Staff told us there were no translation services available for patients who did not have English as a first language. We asked staff at the practice how they communicate with non-English speaking patients, we were told they ask patients to bring a friend or relative that speaks English with them to their consultation.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 20 patients of the practice list as carers (less than 1% of the patient list). Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

- The practice offered a 'Commuter's Clinic' on Monday, Tuesday and Friday from 6.30pm to 7.30pm and Saturday from 9.30am to 12.30pm (once a month) for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open Monday, Tuesday, Thursday and Friday from 8.30am to 6.30pm and Wednesday from 8.30am to 1.00pm. Appointments were on Monday and Tuesday from 8.30am to 12.30pm and 2.30pm to 6.30pm, Wednesday from 8.30am to 1.00pm (patients phoning the surgery after 1.00pm are connected to the out of hours provider), Thursday from 8.30am to 12.30pm and 2.30pm to 6.30pm and on Friday from 8.30am to 12.30pm and 2.30pm to 6.30pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 62% of patients were satisfied with the practice's opening hours compared to a CCG average of 72% and a national average of 78%.
- 40% patients said they could get through easily to the surgery by phone compared to a CCG average of 69% and a national average 73%.

- 32% patients said they always or almost always see or speak to the GP they prefer compared to a CCG average of 38% and a national average 36%.

The practice were aware of these lower scores and were engaged in improving feedback. On the day of inspection we saw evidence that the practice were actively looking to improve the phone system. The new system will provide call waiting, options to appropriately direct patient calls and an electronic message screen in reception. The new system was not in place at the time of our inspection.

Listening and learning from concerns and complaints

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

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

We looked at three complaints received in the last 12 months and found that the complaints had been acknowledged in a timely way and dealt with openly and transparently. The practice handled all complaints both verbal and written. Complaints were discussed at regular meetings and agreed actions following any investigation were recorded. Therefore, lessons were learnt from concerns and complaints and action was taken to improve the quality of care. For example, one complaint relating to a patient that felt they had not been given appropriate treatment. The patients records were reviewed and it was identified that the patients conditions was managed in line with best practice, however the patients complaint was not appropriately recorded which resulted in a delay to the patient receiving a response. A GP from the practice met with the patient and resolved the complaint. As a result of the correct handling procedure not being followed the complaints procedure was reviewed and amended; all staff were trained on the new procedure.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. For example, there were lead roles for infection control, safeguarding, QOF performance and complaints.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. This was inherent within the practice's training structure.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. Learning was fundamental part of the practice's ethos.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. For example, a member of staff suggested that messages were colour coded to provide consistency and reduce human error. The suggestion was adopted and the practice have separately coloured forms for telephone messages, prescription requests, blood test requests, results request, certificate requests and travel health requests.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- Although the practice does not have an active PPG, we were provided with evidence of a patient survey carried out to assess patient satisfaction with the service. We also saw evidence that this feedback was acted upon. For example, the noticeboard placed in reception informing patients which GPs were available that day and of any delays in appointment times.
- The practice had gathered feedback from staff through staff generally through staff meetings, appraisals, supervision meetings and ongoing informal discussions.

Are services well-led?

Good 

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

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 part of local pilot schemes to improve outcomes for patients in the area. For example the practice hold a journal club for all GPs in the Havering CCG area to attend and discuss clinical cases of interest.