

# Dr Tahir Kiyani

## Quality Report

Langthorne Health Centre  
13 Langthorne Road  
London  
E11 4HX

Tel: 020 8558 5858

Website: [www.kiyanimedicalpractice.co.uk](http://www.kiyanimedicalpractice.co.uk)

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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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Kiyani Practice on 10 November 2015. 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.
- 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.
- 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 easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had an active patient participation group that influenced the operation of the practice.

The areas where the provider should make improvement are:

- Consider implementing a safeguarding register.
- Complete audit cycles to maximise patient outcomes and practice improvement.
- Ensure that the hepatitis B status of staff members are recorded.

# Summary of findings

- Consider how policies are updated and version controlled.
- Consider arrangements for patients to access a female GP.

- Consider how to identify and support Carers.

**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.

- 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.
- Although the practice had a safeguarding policy and risks to patients were assessed, there was no child protection register to overview children who were at risk.

Good



### Are services effective?

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

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.
- We found there was no record of completed two cycle audits used to improve patient outcomes.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice highly for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 practice meetings.
- 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 active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice took part in the avoiding unplanned admissions direct enhanced service, which means they have a personalised care plan and are reviewed shortly after discharge from hospital.
- 72% of patients over 65 had received their annual flu vaccination, which was comparable with 73% nationally.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and ran a number of chronic disease clinics, patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 88% compared with the national average which was also 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

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

Good



- There was no child protection register, which meant there was no 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.

# Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- 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 cervical screening test has been performed in the preceding five years was 80% compared with the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

## **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.
- 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 nurse worked extended hours to enable working patients to access nursing services such as cervical cytology.

**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 with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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.

**Good**



# Summary of findings

## 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).

- 89% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 83%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive agreed care plan documented in the record in the preceding 12 months was 78% compared with the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice 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 July 2015. The results showed the practice was performing in line with local and national averages. Three hundred and eighty one survey forms were distributed and ninety one were returned. This represented 3% of the practice's patient list.

- 62% found it easy to get through to this surgery by phone compared to a CCG average of 61% and a national average of 73%.
- 77% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).

- 82% described the overall experience of their GP surgery as fairly good or very good (CCG average 77%, national average 85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. There was a recurring theme of friendly helpful staff and not waiting long to be seen.

## Areas for improvement

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

The areas where the provider should make improvement are:

- Consider implementing a safeguarding register.
- Complete audit cycles to maximise patient outcomes and practice improvement.
- Ensure that the hepatitis B status of staff members are recorded.
- Consider how policies are updated and version controlled.
- Consider arrangements for patients to access a female GP.
- Consider how to identify and support Carers.

# Dr Tahir Kiyani

## 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, a second CQC inspector and a practice manager specialist adviser.

### Background to Dr Tahir Kiyani

Dr Tahir Kiyani Practice is located within a health centre, which houses two other GP practices in a residential area of East London. There were 3295 patients registered with the practice.

The practice has one full time male GP carrying out nine sessions per week, one half time female nurse, a female health care assistant, a practice manager, an assistant practice manager and 4 reception/administrative staff members. The practice operated under a General Medical Services Contract (a contract between NHS England and general practices for delivering general medical services and is the most common form of GP contract).

The practice was open Monday to Friday from 9:00am to 6:30pm, the phone lines were open from 9:00am. Appointment times were as follows:

- Monday 9:00am to 12:30pm and 4:00pm to 7:30pm.
- Tuesday 9:00am to 12:30pm and 4:00pm to 5:30pm.
- Wednesday 9:00am to 12:30pm and 4:00pm to 5:30pm.
- Thursday 9:00am to 12:30pm. Doors close at 1:00pm
- Friday 9:00am to 12:30pm and 4:00pm to 5:30pm.

The out of hours provider covers calls made whilst the practice is closed.

Dr Tahir Kiyani Practice operates regulated activities from one location and is registered with the Care Quality Commission to provide diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease disorder or injury and surgical procedures.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This location had not been previously inspected.

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 10 November 2015. During our visit we:

- Spoke with a range of staff including a GP, agency nurse, practice manager, assistant practice manager, administration/reception staff, a local pharmacist and a residential care home manager. We also spoke with patients who used the service.

# Detailed findings

- Observed how patients were being cared for and talked with 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, completed forms were saved both on the computer and also in a folder in the administration area.
- 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, we saw a completed significant event form about a patient who had handed a letter in to reception for the attention of the GP but had been misfiled into the wrong folder, which meant there had been an unnecessary delay in the GP viewing it. We saw minutes of practice meetings where this had been discussed and actions agreed in relation to letter management.

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 a system, process and practice in place to keep patients safe and safeguarded from abuse, which included:

- A policy which outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities, not all reception staff had received training relevant to their role, but we saw that this was booked and we viewed minutes of practice meetings where in depth discussions had taken place about safeguarding. GPs were trained to Safeguarding level 3

as were the nurses. We noted that there was no safeguarding register of patients on the clinical system, but alerts were used, which would highlight a patient once their details had been put into the clinical system.

- 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 and was deputised by the GP in her absence 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 alcohol hand gel was now kept in all rooms and at the reception area and clinical bins had the correct coloured bags in them.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice, which allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice followed up women who were referred as a result of abnormal cervical screening tests.

### Monitoring risks to patients

## Are services safe?

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills with the Health Centre. 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 Health Centre 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), which was applicable to the practice.
- 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, all staff had to book annual leave in advance to ensure that adequate cover could be provided.

### **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.
- There was 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through the use of practice meetings.

### 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 95% of the total number of points available, with an exception report rate of 8% or below for each of the clinical domains. (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 had a lower than expected ratio of reported versus expected prevalence for Coronary Heart Disease at 0.44 compared with a national average of 0.72, this was also the case for Chronic Obstructive Pulmonary Disease (COPD) at 0.22 compared with a national average of 0.61. The practice was aware of this and told us this was due to there being a younger population on their patient list. We saw that the practice nurse was signed up to spirometry training, which would potentially increase the prevalence of COPD.

- Performance for diabetes related indicators was similar to the CCG and national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 88%, the national average was also 88%.

- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average at 77% compared to the national average of 83%.
- Performance for mental health related indicators similar to the national average, for example the percentage of patients diagnosed with dementia whose care has been reviewed in a face to face review in the preceding 12 months was 89% compared to the national average of 84%.

Clinical audits.

- There had been seven clinical audits carried out in the last two years, however we found no evidence of completed two cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Some findings were used by the practice to improve services. For example, recent action taken as a result of a respiratory audit led to 100% of patients using an inhaler having their inhaler technique reviewed and where appropriate switched to the most appropriate inhaler as suggested by NICE guidelines.

Information about patients' outcomes was used to make improvements such as; the practice signing up the diabetic management pilot to improve diabetic patients outcomes by decreasing missed outpatients appointments.

### 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, fire safety, health and safety and confidentiality, equality and diversity, emergency equipment and consent.
- 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

# Are services effective?

## (for example, treatment is effective)

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 which occur twice a year, 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, clinical supervision. 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.

### Consent to care and treatment

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

- staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP 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, patients with cancer, 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.
- A dietician and smoking cessation advisor were available on the premises.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 78% and the national average of 81%. There was a policy to offer text reminders for patients to remind them of their cervical screening test and prevent missed appointments. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 90% and five year olds from 48% to 81%.

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 or area to discuss their needs.

All of the 19 patient comment cards we received were positive about the service experienced. Patients said staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 80% said the GP was good at listening to them compared to the CCG average of 82% and national average of 88%.
- 80% said the GP gave them enough time (CCG average 82%, national average 88%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 67% said the last GP they spoke to was good at treating them with care and concern (CCG average 78%, national average 85%).

- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 82%, national average 90%).
- 94% said they found the receptionists at the practice helpful (CCG average 84%, national average 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 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:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 67% said the last GP they saw was good at involving them in decisions about their care (CCG average 73%, national average 81%).
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 84%).

Staff told us that translation services were available for patients who did not have English as a first language; this was not advertised in the patient leaflet or displayed on a poster in the practice.

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

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

The practice's computer system alerted GPs if a patient was also a carer, the practice were unable to give us the figure of the total number of carers registered on the practice list. Written information was available to direct carers to the various avenues of support available to them.



## Are services caring?

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

### Responding to and meeting people's needs

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

- The practice offered extended hours on a Monday evening until 7:30pm 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 or for patients with a need.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- The practice carried out routine weekly visits to the local residential care home for people with mental health needs regardless of whether there was a patient need.
- The practice had not considered arrangements for patients to access a female GP if requested.

### Access to the service

The practice was open between 9:00am and 6:30pm Monday to Friday. Appointments were from :

- Monday 9:00am to 12:30pm and 4:00pm to 7:30pm.
- Tuesday 9:00am to 12:30pm and 4:00pm to 5:30pm.
- Wednesday 9:00am to 12:30pm and 4:00pm to 5:30pm.
- Thursday 9:00am to 12:30pm. Doors close at 1:00pm
- Friday 9:00am to 12:30pm and 4:00pm to 5:30pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them and two appointments were available each day for online booking.

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.

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 62% patients said they could get through easily to the surgery by phone (CCG average 61%, national average 73%).
- 78% patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them, the practice used a regular sessional GP when there was increased patient demand for GP appointments.

### 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.
- The practice manager was responsible for dealing with complaints in the practice.
- We saw information about how to complain in the practice leaflet, which was readily available at the reception desk.

We looked at two complaints received in the last 12 months and found that these were satisfactorily handled in accordance with the practice policy, and were dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we looked at a complaint from a patient regarding a form completed by the GP to the council regarding her housing situation; as a result of the form not containing enough information about her medical condition her application was refused. We saw minutes of meetings where this complaint was discussed and agreed that standard responses to letters needed to be improved and it was agreed that although the practice was very busy that letters and forms would be completed without using a standard response to make it as patient specific as possible. We also saw that a meeting with the patient took place and an apology was given.

# 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 reflected this and staff knew and understood the values.

### 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.
- Practice specific policies were implemented and were available to all staff although not all of these were in date or version controlled.
- Audits were carried out to monitor quality and improvement, but no completed audits were seen for the past two years.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. Safe, high quality and compassionate care was prioritised. The GP was visible in the practice and staff told us he was 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 and 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.

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

- Staff told us the practice held regular team meetings and had weekly practice learning time sessions.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and all members of staff members were encouraged to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met quarterly, carried out patient surveys and made suggestions regarding improvements to the practice management team. For example, as a result of the PPG suggestions extra sign posting was displayed in the reception area that houses the three GP practices to highlight the two reception windows that the practice has, an extra phone line was installed to make it easier for patients to get through to the practice and an expert patient advice clinic is now being set up, which will be run by the patients.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

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