

Dr Hamid Dathi

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Hamid Dathi on 17 September 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Of the patients who were placed on the urgent two week referral pathway, 75% of all new cancer diagnosis were picked up by the practice. This was higher than the CCG rate of 40% and the national average of 48.8%.
- The practice worked in collaboration with other health and social care professionals to support patients' needs and provided a multidisciplinary approach to their 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.
- The practice provided appropriate support for end of life care and patients and their carers received good emotional support.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- 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.

However there were areas of practice where the provider needs to make improvements.

The provider should:

- Ensure serial numbers of prescriptions were recorded in accordance with practice policy to have a robust system to monitor their use.
- Ensure recruitment arrangements include all necessary employment checks for all staff, including a written record of an induction programme for non-clinical staff being kept.

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 requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. The practice had systems, processes and practices in place to keep people safe, but improvements were needed in the management of risks in relation to recruitment and monitoring of prescription pads.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others 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. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. 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

Good



Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received verbal inductions, regular performance reviews and attended staff meetings and events.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and worked with a Primary Care Navigator for home visits and clinic appointments to support and guide patients to services, including social services if needed. There was rapid access appointments for those with enhanced needs to be seen in a timely manner. Clinicians had undertaken the 'Gold Standards Framework' training to support patients requiring end of life care.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice used the electronic clinical system to monitor patients with long term conditions, with a separate alert and recall system. During consultations motivational interviewing was used to empower patients to be involved in their care and decision making. 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. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care

Good



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. We saw good examples of joint working with health visitors. 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. Appointments were available outside of school hours. Patient views on the service through feedback, had resulted in a project by medical students designing an antenatal pack specifically for this population group.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The extended hour service on Saturday was accessible by booked appointments. The practice was proactive in offering online services for repeat prescriptions as well as booking and cancelling appointments. Patients were also able to access telephone consultations with the GP or nurse. There was a full range of health promotion and screening that reflects the needs for this age group. The practice targeted those aged 40-65 years for health checks, this included follow ups if risk factors were identified. Of the patients who were placed on the urgent two week referral pathway, 75% of all new cancer diagnosis were picked up by the practice. This was higher than the CCG rate of 40% and the national average of 48.8%.

The team were proactive in offering this service opportunistically for patients to maximise uptake of the service.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability. It had carried out annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability. The practice employed a system to follow up vulnerable patients who did not attend for appointments. They offer a flexible time for patients to attend providing longer appointments for screening, immunisations, mental health and any identified health and social needs. One GP had undertaken specialist training for working with homeless people.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

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). The practice screens for dementia and refers high risk patients to a Memory Clinic. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice were supporting a sessional GP to become the local Champion of Mental Health, which included dementia care. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing in line with local and national averages. There were 79 responses and a response rate of 17.7%.

- 83.5% find it easy to get through to this surgery by phone compared with a CCG average of 85.3% and a national average of 74.4%.
- 80.1% find the receptionists at this surgery helpful compared with a CCG average of 85.8% and a national average of 86.9%.
- 78.2% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86.9% and a national average of 85.4%.
- 96.8% say the last appointment they got was convenient compared with a CCG average of 90.8% and a national average of 91.8%.

- 74.5% describe their experience of making an appointment as good compared with a CCG average of 79.5% and a national average of 73.8%.
- 61.7% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65.1% and a national average of 65.2%.
- 50.4% feel they don't normally have to wait too long to be seen compared with a CCG average of 58.5% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 50 comment cards which were all positive about the standard of care received. Patients reported that staff were caring and they felt treated with dignity and respect. Some patients commented that they had to wait for long periods to see the GP, despite having a booked appointment.

Areas for improvement

Action the service **SHOULD** take to improve

The provider should:

- Ensure serial numbers of prescriptions were recorded in accordance with practice policy to have a robust system to monitor their use.
- Ensure recruitment arrangements include all necessary employment checks for all staff, including a written record of an induction programme for non-clinical staff being kept.

Dr Hamid Dathi

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to Dr Hamid Dathi

Dr Dathi's practice (also known as the Golborne Medical Centre) is located in a residential area of west London, in the second most deprived borough. The practice is co-located in premises which are shared with another GP practice, with wheelchair access and all patient areas are on the ground floor. There is limited space within the current building, but there are plans for reconfiguration of the existing space for clinical consultation. The practice has a total patient list size of approximately 2533 patients; the practice population has a slightly lower percentage of over 65s at 12.7% compared to national average.

The practice has a GP (male) he is the partner, who worked full time and was supported by two sessional GPs (female). There was one practice nurse, a practice manager, a phlebotomist, as well as reception and administration staff. The practice has a PMS (Personal Medical Services)

contract with NHS England and is also signed up to a number of local and national enhanced services. Since 2014, Golborne Medical Centre has been a teaching practice for undergraduate students.

The practice is open between 8.30am to 6.30pm Monday to Friday, with an extended hour's service between 9.00am to 12pm on Saturday. The extended hour service on Saturday

is by appointment only. Surgery times for booked appointments are from 9.30am to 11.30am every morning. Afternoon appointment times are varied, Monday and Tuesday 4pm to 6pm, Wednesday 2pm to 5pm, Thursday 2pm to 4pm and Friday 4pm to 6pm. The practice belongs to the Kensington Chelsea and Westminster GP Cooperative out of hour's service, patients requiring GP services outside of these hours are directed to the out-of-hours service. Details of how to access this service is displayed on the website, and in the reception area.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 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

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?

Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We liaised with NHS West London Clinical Commissioning Group (CCG) and NHS England.

We carried out an announced visit on 17 September 2015. During our visit we spoke with eight patients and a range of staff including two GPs, the practice nurse, the practice manager, reception/administrative staff and a primary care navigator. We reviewed 50 comments cards where patients who visited the practice in the week before the inspection gave us their opinion of the services provided. We observed staff interactions with patients in the reception area. We looked at the provider's policies and records including, staff recruitment and training files, health and safety, building and equipment maintenance, infection control, complaints, significant events and clinical audits. We reviewed personal care plans and patient records and looked at how medicines were recorded and stored.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents in the first instant, the practice had a template for recording significant events. All complaints received by the practice were automatically treated as a significant event. There was a GP lead that carried out an analysis of the significant events.

We reviewed safety records, incident reports 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, the practice carried out significant event analysis at their quarterly practice meeting. We reviewed the minutes of meetings from October 2014 to July 2015. Lessons were shared to make sure action was taken to improve safety in the practice. For example, there was an unidentified repeat prescription request, a member of staff did not note or obtain the patient details. We saw from meeting minutes this was discussed within the practice and it was decided that all members of staff were made aware of the repeat prescription policy.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The GP partner reviewed alerts and guidelines that the practice received.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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 and the practice nurse had Level 3 child protection training.

- A notice was displayed in the waiting room, advising patients that the nurse would act as a chaperone, if required. Only clinical staff who acted as chaperones were trained for the role.
- 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. The practice had up to date fire risk assessments and we saw that a fire drill was carried out in May 2015, but the frequency of the fire drills was unclear. 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 also 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. We saw the latest legionella assessment dated April 2015.
- Appropriate standards of cleanliness and hygiene were followed including waste management and cleaning schedules were in place. 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. We were shown an infection control audit dated September 2015; any outstanding actions had not yet been fulfilled due to the audit being completed prior to the inspection.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There was a process for ensuring that medicines were kept at the required temperatures. We saw that checks of fridge temperatures were carried out daily and recorded. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored, but serial numbers of prescriptions

Are services safe?

were not recorded in accordance with the practice's own policy which meant there were no systems in place to monitor their use. Recent staff changes had meant this responsibility was not delegated to another member of staff.

- The practice had a high staff retention rate, within the last year there had been one new member of staff employed. We reviewed this file and found that recruitment checks were carried out. However there was no proof of identification, no induction checklist or interview summary kept on file. We reviewed five other files of longer standing members of staff and found proof of identification was only recorded in two files and, references were not recorded in two files. Registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were on file for most staff. However, we noted the practice nurse had not had a recent DBS check; there was no record of when the last check had been made.

- 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

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. There was also a first aid kit and accident book 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 carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 91.9% of the total number of points available for 2014/15 with an exception rate of 1.9%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- The percentage of patients with hypertension having regular blood pressure tests was 77.54% similar to the national average of 83.11%.
- Performance for management of patients with mental health conditions was above the national averages. For example, 97.3% of patients had received a care plan and annual review compared with a national average of 86%.
- The dementia annual review performance was 100% which was above the national average of 84%.

The practice regularly reviewed its QOF performance, the electronic clinical system was utilised in monitoring patient's clinical conditions, with a separate alert and recall system if patients needed to be seen for a health check or review. We were told that all uncontrolled diabetic patients were referred to a community diabetic consultant and specialist nurse; there were face to face meetings to discuss

the best management of shared care diabetic patients; as well as virtual reviews. There was opportunistic, as well as routine proactive recall of patients to support and monitor their conditions.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. The practice provided evidence of two clinical audits undertaken in the last two years; two of these were completed audits where the improvements made were implemented and monitored. For example, an audit of patients receiving anti-epilepsy medicine identified patients who needed a change of treatment which followed Medicines and Healthcare Regulatory Authority (MHRA) prescribing recommendations. Learning and action points included review of secondary care prescribed anti epilepsy drugs to consider brand prescribing as appropriate. Also to make all prescribers aware of the MHRA guidelines for anti-epilepsy drugs. The practice participated in applicable local audits, such as a CCG monitoring of patients attending Accident and Emergency (A&E) or the urgent care centre (UCC) looking at the reasons, time of attendance and whether appropriate. Results were collated, best practice and learning shared.

Effective staffing

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

- Newly appointed non-clinical members of staff had a verbal induction to the practice that covered such topics as safeguarding, fire safety, health and safety and confidentiality. There was no written record of an induction programme for non-clinical staff. However, there was a written induction for locum GPs, which included both administrative and clinical duties to be covered whilst working at the practice.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals and mentoring. All staff had had an appraisal within the last 12 months. All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation.

Are services effective?

(for example, treatment is effective)

- The practice had undertaken intensive training to meet the requirements for the local Out of Hospital Service (OOH), where patients could be treated in familiar surroundings away from a hospital setting. There were leads delegated across the team.
- Staff received training that included: safeguarding, fire procedures, and 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services. Blood test and scan results were reviewed and actioned daily by clinicians. Communications from other services, such as discharge letters and outpatient letters were all uploaded to one system and reviewed daily by the clinician. Of the patients who were placed on the urgent two week referral pathway, 75% of all new cancer diagnosis were picked up by the practice. This was higher than the CCG rate of 40% and the national average of 48.8%.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis to consider those with complex needs, including those with long term conditions and mental health problems who had been assessed as at risk. The primary care navigator worked closely with the practice to support and guide patients to services. The practice used Co-ordinate-My-Care and active care planning for patients receiving end of life care. Care plans were routinely reviewed and updated following MDT meetings.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. Referrals could also be made to the learning disability team if appropriate, to assess capacity. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. The practice had written consent templates in place for patients undergoing minor surgical procedures.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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 and . Patients were then signposted to the relevant service. For example, patients over 50 years were signposted to a local group that offered a structured activities programme helping to prevent isolation and depression. Smoking cessation advice was available from a local support group. Carers were signposted to local carers' network and support services. For families and young people a local public health initiative was accessible for improving fitness and diet in this population group. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. The practice computer system had re-call reminders for patients who did not attend for their cervical screening test. 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 higher than CCG rates in 2014/15. For example, childhood immunisation rates for the vaccinations given to

Are services effective?

(for example, treatment is effective)

under two year olds ranged from 81% to 90.5% and five year olds from 65% to 95%. Flu vaccination rates for the over 65s were 71%, and at risk groups 69%. These were also comparable national averages.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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. The reception did not have a variable height counter to accommodate wheelchair users being able to talk to reception staff easily.

All of the 50 patient CQC comment cards we received were positive about the service experienced, apart from a small number of patients who commented about appointment times over running. 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 members of the patient participation group (PPG) on the day of our inspection, which were not available. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Results from the NHS Friends and Family Test (FFT) showed that on average 99% of patients would recommend the practice.

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

- 92.5% said the GP was good at listening to them compared to the CCG average of 85.4% and national average of 88.6%.
- 87.4% said the GP gave them enough time compared to the CCG average of 85.4% and national average of 86.8%.
- 91.6% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95.3%

- 84.7% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85.9% and national average of 85.1%.
- 83.5% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86.6% and national average of 90.4%.
- 80.1% patients said they found the receptionists at the practice helpful compared to the CCG average of 85.8% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 84.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.1% and national average of 86.3%.
- 83.8% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80.8% and national average of 81.5%

Staff told us that translation services were available for patients who did not have English as a first language. Staff within the practice speak a number of different languages and can assist patients.

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. There was a practice register of the 39 people who were carers. The practice contacted patients who had been in hospital and their carers by telephone, or arranged to visit them as needed. A primary care navigator (PCN) worked with the practice to support patients. We were

Are services caring?

shown an example of how the PCN supported an older patient to access support services including health promotion activities. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice had participated in a new initiative Out of Hospital Service (OOHS) to provide coherent and integrated health which ensured that patients could be treated in familiar surroundings away from a hospital setting.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered a 'Commuter's Clinic' on a Saturday morning from 9am to 12pm for working patients who could not attend during normal opening hours, this was by appointment only.
- There were longer (double) appointments available for carers (to carry out health checks) people with long term conditions and complex needs, and vulnerable patients, including those with a learning disability, mental health problems and people who were homeless.
- Home visits were available for older patients / patients who would benefit from these.
- There was onsite a mother and well-baby clinic held weekly. Staff attached to the practice; such as the health visitor or district nurse could be contacted directly by telephone, or through the reception staff.
- Urgent access appointments were available for children and those with serious medical conditions. There were online services including appointment booking and repeat prescription ordering available for patients to access.
- A hearing loop was not available; funding had been applied for to provide this service. If a patient had difficulty hearing, reception staff would provide a quiet space to speak with them.
- There were disabled toilet facilities and patient areas were accessible for wheel chairs and pushchairs.
- The practice arranged translation services for patients when required. Patients informed staff when making an appointment. Staff had extra language skills and could assist patients if required.

- New premises were being designed, an improvement grant had been submitted to NHS England for an interim period to ensure compliant with current standards, and meet the needs of staff and care of patients.

Access to the service

The practice was open between 8.30am to 6.30pm Monday to Friday, with an extended hour's service between 9.00am to 12pm on Saturday. The extended hour service on Saturday by appointment only. Surgery times for booked appointments were from 09.30am to 11.30am every morning. Afternoon appointment times were varied, Monday and Tuesday 4pm to 6pm, Wednesday 2pm to 5pm, Thursday 2pm to 4pm and Friday 4pm to 6pm. Patients could book 'routine appointments'; these were for non-urgent, new or follow up medical matters. The doctor or nurse were available for telephone advice before the start of surgery, or at the end of surgery. Patients would be asked to call at the appropriate time. Patients who felt that their medical problem could not wait until the next available appointment could be seen on the same day. Patients would have to arrive at the practice, before the end of surgery and wait to be seen by the duty or available doctor.

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 and people we spoke to on the day were able to get appointments when they needed them. For example:

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 76%.
- 83% patients said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 74%.
- 74% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 74%.
- 62% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

The majority of patients we spoke with on the day were able to get appointments when they needed them. From comments cards we reviewed and patients we spoke with,

Are services responsive to people's needs?

(for example, to feedback?)

most were satisfied with the appointments system and said it was easy to use. But patients had also commented about appointment times over running, we had examples of between 30 minutes up to one hour.

The practice had met with the patient participation group (PPG); the minutes from the meeting were on the practice website which discussed the appointment system. Appointments could be booked 6 weeks ahead and walk-in patients were seen if they came within the time stipulated in the practice leaflet. There was a suggestion box in the waiting area for patient feedback; information was displayed on a poster about actions taken following the feedback. This included the cleanliness of the patient toilet, which had improved. Patients thought there had been too much information displayed on an electronic system; this had been turned off and was not used.

Listening and learning from concerns and complaints

The practice had a 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. There was information on display in the waiting area about how to make a complaint. There was also advice about making a complaint in the practice leaflet made available to patients,

the complaints policy was on the practice website. There was a separate complaints procedure leaflet and form available at reception. Patients we spoke with were not aware of the process to follow if they wished to make a complaint. We looked at information provided by the practice on all complaints received in the last 12 months, of which two were written complaints. We found that these were satisfactorily handled, dealt with in a timely way, showed openness and transparency in dealing with the complaint. Complaints and their outcomes were discussed with appropriate staff and with the practice team to communicate wider lessons learned. We saw meeting minutes where complaints were discussed, for example where prescribing practices were reviewed as a result of lessons learnt from a complaint.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. The practice conducted a Significant Event Analysis (SEA) at quarterly practice meetings; of which complaints, prescribing errors or any adverse event meriting a team wide discussion and analysis. For example, it was found that an appointment had been doubled booked for the same slot. Two systems had been used to make the appointment, one in the appointment book and another on the computer system. This was subject to a significant event analysis and it was agreed as a result, that all appointments would be booked and recorded using the computer system.

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 be patient centred 'here for patients because of the patients'. The purpose was to deliver high quality care and promote good outcomes for patients. All staff we spoke with knew and understood the vision of the practice. The practice had a robust business plan which reflected the vision and values. The strategic direction of the practice included; succession planning for appointing a new partner GP. New premises being designed for the practice to relocate. An improvement grant had been submitted to NHSE, for the interim period ensuring the practice was compliant with current standards, and meeting the needs of staff and care of patients.

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 for all staff to share on the practice's shared drive, although there was limited evidence that these operational policies were utilised by staff;
- A comprehensive understanding of the performance of the practice;
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements;
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice team had training on the 'Seven Steps to Safety' to report adverse events including whistleblowing and a duty of candour to promote a no blame culture.

Leadership, openness and transparency

The partner in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate

care. The partner was visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partner encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that staff meetings were held monthly, additional meetings every three months and there were periodic away days. Staff said they felt respected, valued and supported, particularly by the partner in the practice. All staff were involved in discussions about how to run and develop the practice, and the partner 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We saw the minutes of the PPG meeting that was held on the 18 February 2015, there had been feedback from the patient survey carried out by the practice and the analysis from the survey. The practice and PPG were seeking to recruit new members to the group, there was a poster displayed in the waiting area.

The practice had not gathered formal feedback from staff, but gathered staff comments opportunistically, through staff meetings and through annual appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Innovation

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 improve outcomes for patients in the area. Participation in the Out of Hospital Service ensured that patients were treated and cared for outside of a hospital setting. The practice had taken part in the undergraduate teaching programme from Kings and Imperial Colleges since 2014.

Are services well-led?

Good 

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

This had supported best practice and learning from clinical sessions. Undergraduate students had written and produced an award winning maternity booklet to engage patients, which was used by the practice.