

Sangam Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sangam Surgery on 4 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and generally well managed but there were some gaps in clinicians fire staff safety training and arrangements for COSHH (Control of Substances Hazardous to Health).
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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 list was at or beyond the capacity of the premises and the waiting room was cramped. However, the partners had secured funding for new premises to be built and the practice otherwise had facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

Summary of findings

- Ensure premises improvements are carried through.
- Embed arrangements for staff induction, fire safety training and COSHH.
- Take action to understand and improve its GP Patient Survey satisfaction scores.

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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and generally well managed but there were some gaps in clinicians fire staff safety training and arrangements for COSHH (Control of Substances Hazardous to Health).

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey was comparable to national averages.
- 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. For example, it had identified 1,100 of its patients with diabetes and had two clinicians specially trained to assess patients and initiate insulin or GLP-1 agonists (medicines for people with diabetes) if needed and ran two diabetes management clinics per week.
- 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 list was at or beyond the capacity of the premises and the waiting room was cramped with patients standing queuing in the corridor. However, the partners showed us evidence they had secured funding for a new premises to be built.
- The practice had facilities and was 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.
- Patient's online appointment booking and prescription requests were available via the national patient access system and the practice had a statement of intent in the reception area stating its plans to have a website by December 2016.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- 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 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.

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 percentage of patients with atrial fibrillation with a CHADS2 score receiving anticoagulation or antiplatelet therapy was 100% compared to 98% nationally. (CHADS2) is a clinical prediction rule for estimating the risk of stroke in patients with non-rheumatic atrial fibrillation, a common heart condition.
- A practice GP and health care assistant provided weekly visits to 62 residents at a local supported living scheme.

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 patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the 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% compared with the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 88%, which is similar to national average of 84%.
- Longer appointments and home visits were available when needed.
- 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.
- The practice had identified 1,100 of its patients (10%) of its list with diabetes. It had two clinicians specially trained to assess patients and initiate insulin or GLP-1 agonists (medicines for people with diabetes) if needed and ran two diabetes management clinics per week.

Summary of findings

Families, children and young people

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

Good



- 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.
- 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 practice's uptake for the cervical screening programme was 90%, which was comparable to the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- 86% of patients diagnosed with asthma, on the register had an asthma review in the last 12 months which was compared to 75% nationally.
- Childhood immunisation rates were comparable to national averages and ranged from 93% to 96% (ranged from 88% to 95% nationally) for under two year olds; and from 79% to 96% (ranged from 81% to 95% nationally) for five year olds.
- A female GP offered birth control implants for female patients as needed. (The birth control implant is a thin, flexible plastic implant about the size of a cardboard matchstick. It is inserted under the skin of the upper arm and protects against pregnancy for up to 4 years).

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).

Good



- 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.
- Patient's online appointment booking and prescription requests were available via the national patient access system and the practice had a statement of intent in the reception area stating its plans to have a website by December 2016.

Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including people with a learning disability.
- The practice offered longer appointments for patients with a learning disability. It had identified 44 patients with a learning disability on its list, 39% of these patients had received an annual health check in the first six months of the 2016- 2017 reporting period and 79% had received an annual health check in 2015 – 2016.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to national average of 84%.
- The practice had identified 119 patients on its register with a mental health condition. 79% of these patients had received a blood pressure check and 77% had their alcohol consumption recorded.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was generally performing in line with or below national averages. Three hundred and sixty three forms were distributed and 112 were returned. This represented 1% of the practice's patient list.

- 87% found it easy to get through to this surgery by phone which was comparable to the national average of 73%.
- 65% were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 69% described the overall experience of their GP surgery as fairly good or very good compared to the national average of 85%.

- 59% said they would recommend their GP surgery to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards, 21 were entirely positive about the standard of care received. The remaining four were predominantly positive but expressed difficulty in getting an appointment.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring and two expressed delays in getting an appointment. The practice friends and family test results patient's satisfaction score showed 58% said they would recommend the surgery.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure premises improvements are carried through.
- Embed arrangements for staff induction, fire safety training and COSHH.
- Take action to understand and improve its GP Patient Survey satisfaction scores.

Sangam Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a lead CQC inspector. The team included a GP specialist adviser, a practice manager specialist adviser and a second CQC inspector.

Background to Sangam Surgery

The Sangam Surgery is situated within the NHS Newham Clinical Commissioning Group (CCG). The practice provides services under a Personal Medical Services (PMS) contract from three locations to a merged list of approximately 12,000 patients. The main location is Sangam Surgery, 31a Snowhill Road, Manor Park, London E12 6BE. The two branches are located at The Surgery, 57 Gladstone Avenue, Manor Park, London E12 6NR; and The Katherine Road Medical Centre, 511 Katherine Road, London E7 8DR.

The practice provides a full range of enhanced services including minor surgery (joint injections only) and child and travel vaccines. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, surgical procedures, and diagnostic and screening procedures.

The staff team at the practice includes four GP partners, (two female working a total of 10 sessions, and two male also working a total of 10 sessions per week), four salaried GPs (two male working a total of 12 sessions per week and two female working a total of 10 sessions per week), a full time female nurse practitioner working 37.5 hours per week, two female practice nurses (one working 37.5 hours and the other 16 hours per week), two health care

assistants (one male working 37.5 hours and one female working 10 hours per week), three practice managers (collectively working 82.5 hours across the three sites), and a team of reception and administrative staff all working a mixture of full time and part time hours.

Core opening hours across the three sites are between 8:00am to 6.30pm every weekday. The Sangam Surgery site is open from 7.00am on Mondays and closes at 7.30pm on Fridays. The practice provides an extended hour's service from the Sangam Surgery site on Tuesdays and Wednesdays from 6.30pm to 8.30pm; and from the Gladstone Avenue site from 6.30pm until 8.30pm on Wednesdays. GP appointments are available from 7.30am to 6.30pm on Mondays, 8.30am to 6.30pm Tuesdays to Thursdays and 8.30am to 7.00pm on Fridays. Appointments include home visits, telephone consultations and online pre-bookable appointments. Urgent appointments are available for patients who need them. Further (off-site) extended hours are provided through a network of local practices Monday to Saturday from 6.30pm to 9.30pm and on Sunday from 9.00am to 6.00pm. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider.

The Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice area has a higher percentage than national average of people whose working status is unemployed (9% compared to 5% nationally), and a lower percentage of people over 65 years of age (7% compared to 17% nationally). The average male and female life expectancy for the practice is 77 years for males (compared to 77 years within the Clinical Commissioning Group and 79 years nationally), and 82 years for females (compared to 82 years within the Clinical Commissioning Group and 83

Detailed findings

years nationally). Information held locally at the practice showed the majority of patients are of South Asian origin, speaking languages such as Tamil, Hindi, Urdu, Malayalam and Punjabi.

We had inspected the provider on 17 December 2015 and it was found to be in breach of Regulations 12 (Safe care and treatment), 17 (Good governance), 18 (Staffing), and 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulations 2014. A link to the full report is here www.cqc.org.uk/location/1-549195426

Why we carried out this inspection

Following the comprehensive inspection of the provider on 17 December 2015 the practice was given a rating of inadequate for safety, requires improvement for effectiveness and well led, good for caring and responsive, and an overall rating of requires improvement.

Requirement notices were set for regulations 12, 17, 18 and 19 of the Health and Social Care Act 2008 and the provider was required to take the following action:

- Ensure recruitment arrangements include all necessary pre-employment checks and that an effective induction process is in place for all staff as appropriate to their role.
- Ensure all staff receive training in annual Basic Life Support (BLS), infection control, fire safety, chaperoning, the Mental Capacity Act 2005, and child and adult safeguarding as appropriate to their role, and that chaperones receive a DBS check or an appropriate risk assessment carried is out.
- Implement systems and processes to monitor and mitigate risks for example a health and safety policy and related audits and risk assessments such as fire safety and legionella.
- Take action to address identified concerns with premises and equipment cleanliness, hygiene and infection prevention and control.
- Take action to ensure safe medicines management.

We carried out a comprehensive follow up inspection of this service on October 2016 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 4 October 2016.

During our visit we:

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

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

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

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

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

Detailed findings

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after an accident at the practice that was discussed during a staff meeting; signage was installed on the premises and equipment arrangements were changed to prevent recurrence.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs were not able to attend safeguarding meetings due to time constraints but always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received

training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses to level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed two personnel files for newly recruited staff 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.

Are services safe?

Monitoring risks to patients

Risks to patients were generally assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and non-clinical staff were appropriately trained in fire safety. Clinical staff fire safety training was incomplete but the practice carried out regular fire drills to include all staff and there was signage indicating action to take in the event of a fire. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Control of substances hazardous to health (COSHH) assessments and safety sheets for chemicals had been implemented at one site inspected but not the other.

- 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

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 96% of the total number of points available, with 4% exception reporting.

The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 - 2015 showed;

- Performance for diabetes related indicators was similar to the 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% compared with the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 88%, which is similar to national average of 84%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 89% compared with a national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and

monitored. Findings were used by the practice to improve services. For example, following an audit to establish how many patients were prescribed nutritional supplements in line with best practice guidelines and using the recommended "MUST" (Malnutrition Universal Screening Tool) assessment. In the first cycle 20 patients had been prescribed nutritional supplements and 45% had been assessed using MUST. The practice took steps to increase clinician's awareness of MUST, and in the second cycle 15 patients had been prescribed nutritional supplements and 76% of these patients had received a MUST assessment.

- The practice participated in local audits and benchmarking, peer review and research. For example, the it had signed up to a "latent Tuberculosis (TB) project", a local research study to implement wider TB screening in response to increased rates of TB diagnosis in the borough.

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 did not cover topics such as safeguarding, infection prevention and control, fire safety or health and safety. However, we found staff had generally subsequently been appropriately trained and staffs health and safety training was already in progress or complete.
- 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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 or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 90%, which was comparable to the CCG average of 81% and the national average of 82%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates were comparable to national averages and ranged from 93% to 96% (ranged from 88% to 95% nationally) for under two year olds; and from 79% to 96% (ranged from 81% to 95% nationally) for five year olds.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with eight members of the patient participation group (PPG). 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 published July 2016 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:

- 76% said the GP was good at listening to them compared to the national average of 89%.
- 73% said the GP gave them enough time compared to the national average of 87%.
- 88% said they had confidence and trust in the last GP they saw compared to the national average of 95%.
- 73% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

- 81% said they found the receptionists at the practice helpful compared to the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were comparable to or below national averages. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the national average of 90%.
- 67% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 78% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpreter services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 140 patients as

Are services caring?

carers (1% of the practice list). The practice invited carers to receive an influenza vaccine and written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. For example, it had identified 1,100 of its patients (10%) of its list with diabetes and had two clinicians specially trained to assess patients and initiate insulin or GLP-1 agonists (medicines for people with diabetes) if needed and ran two diabetes management clinics per week.

The practice list was at or beyond the capacity of the premises and the waiting room was cramped with some patients standing. However, the partners showed us evidence they had secured funding for a new premises to be built and told us the tendering process was about to begin.

- The practice provided an extended hour's service from the Sangam Surgery site on Mondays from 7.00am to 8.00am and Tuesdays from 6.30pm to 8.30pm; and from the Gladstone Avenue site from 6.30pm until 8.30pm on Wednesdays for working patients who could not attend during normal opening hours.
- The practice offered longer appointments for patients with a learning disability and 79% of these patients had received an annual health check in 2015 – 2016.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- A female GP offered birth control implants for female patients as needed. (The birth control implant is a thin, flexible plastic implant about the size of a cardboard matchstick. It is inserted under the skin of the upper arm and protects against pregnancy for up to 4 years).
- There were disabled facilities, a hearing loop and interpreter services available.

Access to the service

Core opening hours across the three sites were between 8:00am to 6.30pm every weekday. The Sangam Surgery site was open from 7.00am on Mondays and closed at 7.30pm on Fridays. The practice provided an extended hour's service from the Sangam Surgery site on Tuesdays and Wednesdays from 6.30pm to 8.30pm; and from the Gladstone Avenue site from 6.30pm until 8.30pm on Wednesdays. GP appointments were available from 7.30am to 6.30pm on Mondays, 8.30am to 6.30pm Tuesdays to Thursdays and 8.30am to 7.00pm on Fridays. Appointments included home visits, telephone consultations and online pre-bookable appointments. Urgent appointments were available for patients who need them. Further (off-site) extended hours were provided through a network of local practices Monday to Saturday from 6.30pm to 9.30pm and on Sunday from 9.00am to 6.00pm.

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

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 87% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them; however two patients said they had experienced a delay.

Listening and learning from concerns and complaints

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

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

We looked at seven complaints received in the last 12 months, two in detail and found these were dealt with satisfactorily in a timely way and with openness when dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis

Are services responsive to people's needs? (for example, to feedback?)

of trends, and action was taken to as a result to improve the quality of care. For example, after a patient missed an important appointment, the practice made contact with the complainant to offer a follow up appointment at a convenient time for the patient. The patient attended and

appropriate follow up was arranged, the complainant was happy with the outcome. The practice had also improved its system for communicating with patients regarding their appointment.

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 statement of intent which was displayed in the waiting and reception area, and staff knew and understood the values.
- The practice had strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit 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 had started an all staff what's app group for exchanging messages and ideas for discussion.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.

• The practice friends and family test results patient's satisfaction score showed 58% said they would recommend the surgery.

• The practice had gathered feedback from staff through staff social events, appraisals and discussion and generally through staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or

Are services well-led?

Good 

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

issues with colleagues and management and had been given protected time when they had asked for training and to complete work priorities. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had signed up to a “latent Tuberculosis (TB) project”, a local research study to identify wider TB screening in response to increased rates of TB diagnosis in the borough.