Dr Padma Prasad

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?	Requires improvement
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 Padma Prasad (Faircross Health Centre) on 12 October 2016. Overall the practice is rated as good.

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

- Results of the GP patient survey showed that patients were less satisfied with consultations and in being involved in decisions about their care than the national average.
- 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 managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and 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.
- 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 must make improvement are:

- Ensure that it addresses issues highlighted in the national GP survey in order to improve patient satisfaction, including: satisfaction with consultations, and with being involved in decision making.

Summary of findings

In addition, it should

- Provide children's masks for use with the practices' oxygen supply in case of a medical emergency involving the need to administer oxygen to a child.
- Review how carers are identified and recorded on the patient record system to ensure information, advice and support is made available to all.
- Regularly review all practice policies and include a document control process.
- Consider ways to improve uptake of its cervical screening programme for the benefit of female patients.
- Consider how to make provision for patients who express a wish to see a male GP.
- Ensure the procedure for all staff recruitment includes undertaking all relevant pre-employment checks, and that personnel files are complete and up to date.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- The practice had a defibrillator and oxygen on site in case of emergency but did not have children's masks for the oxygen.
- 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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared 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.

Are services caring?

Requires improvement

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

- The practice had identified 23 patients as carers (less than 1% of the practice list).
- Data from the national GP patient survey was mixed with some patients rating the practice lower than others for some aspects of care:
  - 62% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.

Summary of findings

- 71% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 69% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.

- However, patients we spoke to on the day said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. The friends and family test also reported that 89% of 76 patients surveyed would recommend the practice.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example it provided NHS Health checks for patients aged 40 to 75. It had also developed an obesity register and signposted patients to local support groups.
- 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.
- 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.

Are services well-led?

Good

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

- The practice had a 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. Although the practice did not have a business plan, it prepared one immediately after the inspection which reflected its vision and strategy.

Summary of findings

- 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. However, the policies did not all have review dates to ensure that they were monitored and amended as necessary.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. Not all staff had received information governance training, but were able to explain their roles and responsibilities in that regard.
- 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

Good

The provider was rated as good for the care of older people..

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

People with long term conditions

Good

The provider was rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 78% of patients with diabetes, on the register, had a last blood sugar reading of 64 mmol/mol or less in the preceding 12 months compared to a CCG average of 72% and a national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The provider was 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.
- 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.

Summary of findings

- 63% of women aged 25-64 had a record of a cervical screening performed in the preceding 5 years, compared to a CCG average of 80% and a 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, including fax and phone reviews of patient care.

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 practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours appointments on Monday and Friday evenings for the benefit of patients who could not attend during working hours.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. All five patients on the learning disability register had received an annual review
- 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months compared to a CCG average of 89% and a national average of 88%.
- 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 published in July 2016 showed the practice was performing in line with local and national averages. Two hundred and ninety-one survey forms were distributed and 105 were returned. This represented 4% of the practice's patient list.

- 78% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 71% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 62% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. 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 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. The practice participated in the NHS friends and family test (FFT) (FFT is an anonymised method of asking patients if they would recommend the practice to a friend or family member). Eighty-nine per cent of 74 patients responding to the FFT said they would recommend the practice.

Areas for improvement

Action the service MUST take to improve

- Ensure that it addresses issues highlighted in the national GP survey in order to improve patient satisfaction, including: satisfaction with consultations, and with being involved in decision making.

Action the service SHOULD take to improve

- Provide children's masks for use with the practices' oxygen supply in case of a medical emergency involving the need to administer oxygen to a child.
- Review how carers are identified and recorded on the patient record system to ensure information, advice and support is made available to all.
- Regularly review all practice policies and include a document control process.
- Consider ways to improve uptake of its cervical screening programme for the benefit of female patients.
- Consider how to make provision for patients who express a wish to see a male GP.
- Ensure the procedure for all staff recruitment includes undertaking all relevant pre-employment checks, and that personnel files are complete and up to date.

Dr Padma Prasad

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Padma Prasad

Dr Padma Prasad (Faircross Health Centre) provides primary medical services in Barking, Essex to approximately 2600 patients and is a member of the NHS Barking and Dagenham Clinical Commissioning Group (CCG).

The practice population is in the fifth least deprived decile in England. The practice had surveyed the ethnicity of the practice population and had determined that 52% of patients described themselves as white, 32% Asian, 10% black and 3% as having mixed or other ethnicity.

The practice operates from a converted residential property with patient facilities on the ground floor that is wheelchair accessible. There are offices for administrative and management staff on the ground and first floors. Both floors are accessed via stairs.

The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract). The enhanced services it provides are: childhood vaccination and immunisation scheme; extended hours access; facilitating timely diagnosis and support for people with dementia; rotavirus and shingles immunisation; and unplanned admissions.

The practice team at the surgery is made up of one full-time female principal GP working 9 clinical sessions per week. There is a part-time female nurse practitioner working six clinical sessions per week. In addition there are six administrative and reception staff including a full-time practice manager.

The practice is open:

- Monday to Wednesday and Friday 8.45am to 12.30pm and 2.30pm to 6.30pm.
- Thursday 9.00am to 12.30pm

The practice does not open on a weekend. The practice has opted out of providing out of hours (OOH) services to their own patients when closed and directs patients to the OOH provider for NHS Barking and Dagenham CCG.

Appointments are available:

GP

- Monday to Wednesday and Friday 9.10am to 11.30am and 4.00pm – 6.00pm,
- Thursday 9.30am to 11.30am.

Nurse

- Monday and Tuesday 9.15am to 12.00pm and 4.30 pm to 6.00 pm,
- Wednesday and Thursday 9.15am to 12.00pm.

The practice offers extended hours clinics on Monday and Friday evenings from 6.30pm to 7.15pm, these were intended for patients who would otherwise find it difficult to attend during working hours.

Detailed findings

Dr Padma Prasad (Faircross Health Centre) is registered as a sole practitioner with the Care Quality Commission to provide the regulated activities of treatment of disease, disorder or injury; maternity and midwifery services; family planning; diagnostic and screening procedures.

This practice has not previously been inspected by CQC.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 October 2016. During our visit we:

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

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

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

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

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

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

Good

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, a patient was taken ill while attending the practice. The patient was immediately seen by the GP and advised to attend hospital for further examination and treatment which the patient initially declined. On further investigation the practice learnt that the patient was worried about the practical arrangements of attending hospital. The practice provided reassurance and confirmed they would make suitable arrangements while the patient was in hospital, whereupon the patient agreed to attend hospital for further treatment.

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 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, the nurse to level 2, one member of the non-clinical staff (out of five employed) had not completed training in safeguarding adults or children. Staff we spoke to were aware of their roles and responsibilities in these areas. Following our inspection the practice arranged for the training to be completed and provided us with copies of training certificates.
- 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
- 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 all staff had received up to date training, but the practice was not undertaking annual infection prevention and control audits. Following our inspection the practice arranged for an audit and provided us with evidence of the audit having taken place together with a schedule for dealing with any action points. The non-disposable curtains in consulting rooms (to maintain patients' privacy and dignity during examinations, investigations and treatments) were not regularly cleaned for the benefit of infection prevention and control. Following the inspection the practice had the curtains cleaned, and provided us with evidence of this having been done.
- 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. The nurse had qualified as an Independent Prescriber and could therefore prescribe medicines. They received mentorship and support from the medical staff for this extended role. Patient Group Directions 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 but found that not all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, and the appropriate checks through the Disclosure and Barring Service, or a suitable risk assessment of the need for a DBS check were not all present on all personnel files.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number 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 alarm system in the clinical 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 but no 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.

Good

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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, with overall exception reporting of 8%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Within the following clinical domain the percentage of exception reporting was higher than the CCG and national averages:

- 12% of patients with chronic kidney disease were excepted compared to the CCG average of 7% and a national average of 8%.

The practice told us that it rarely manually excepts any patients, so considered that this was due to a coding error.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, 78% of patients with diabetes, on the register, had a last blood sugar reading of 64 mmol/mol or less in the preceding 12 months compared to a CCG average of 72% and a national average of 78%.
- Performance for mental health related indicators was above the national average. For example 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months compared to a CCG average of 89% and a national average of 88%.
- However, only 63% of women aged 25-64 had a record of a cervical screening performed in the preceding 5 years, compared to a CCG average of 80% and a national average of 82%. The practice told us that it made efforts to contact patients who did not attend appointments or declined to attend for cervical screening. It also had a large number of patients who declined testing for cultural reasons.

  There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits. Findings were used by the practice to improve services.

Information about patients' outcomes was used to make improvements such as: an audit of patients being prescribed ten or more medicines, with the purpose of checking whether some of the medicines could be stopped, or whether changes to dose or medicine prescribed were necessary. During the first audit the practice found six patients who met the criteria. Following reviews four medicines were stopped, two medicine doses were changed and no medicines needed to be changed. During the second audit the practice reviewed six patients but found that no medicines could be stopped but it did identify four medicine changes for the benefit of affected patients. The practice reviewed the results which showed a decrease in medicine wastage, together with optimisation of prescribing.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff, but it did not cover such topics as safeguarding vulnerable adults and children, infection prevention and control, fire safety, information governance; and health and safety. However, staff we spoke to were aware of their roles and responsibilities in these areas. Following our inspection the practice provided us with evidence that staff had completed the training.
- 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 attended for regular update training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff employed for in excess of a year had received an appraisal within the last 12 months.
- One member of non-clinical staff had not received training that included: infection prevention and control, safeguarding, fire safety awareness, health and safety and information governance. Following the inspection the practice provided us with evidence that the member of staff had completed the training. Staff had access to 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 on-going 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 and asthma. Patients were signposted to the relevant service.
- Smoking cessation advice was available on the premises, it had established an obesity register and referred patients to a dietician at a local support group.

The practice's uptake for the cervical screening programme was 63%, which was below the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for

Good

Are services effective?

(for example, treatment is effective)

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. The practice told us that it had a large number of patients who refused to attend for screening due to cultural beliefs.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 86% (CCG average ranged from 88% to 92%, national average ranged from 73% to 93%) and five year olds from 75% to 83% (CCG average ranged from 72% to 87%, national average ranged from 81% to 95%).

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.

Requires improvement

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 38 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 one member 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 showed how patients felt they were treated. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 71% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 69% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 68% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice told us that during part of the GP patient Survey data collection period the principal GP had not been undertaking clinical work at the practice. At that time it had made greater use of a long-term locum GP. Patients had commented that the locum GP was not as responsive or helpful as the principal GP. The locum GP was no longer employed at the practice. Comment cards we received and patients we spoke to on the day of inspection were all positive about the care they received from the practice. The practice participated in the NHS friends and family test, and reported that 89% of 76 patients surveyed would recommend the practice.

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 how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were in below local and national averages. For example:

- 62% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 56% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Requires improvement

Are services caring?

The practice agreed that there was need for improvement and told us that for part of the data collection period the principal GP had not been undertaking any clinical duties at the practice. The practice told us that patients were not satisfied with the long-term locum. That locum GP was no longer employed by the practice, and the principal GP was undertaking all clinical work.

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

- Staff told us that translation 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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours clinics on Monday and Friday evenings until 7.15pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who 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 vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Patients over 75 were given a switchboard bypass phone number for the practice to enable direct access.
- The practice discussed end of life care with patients and sought to respect their wishes if they preferred to receive care at home.
- All five patients on the learning disability register had received an annual review.

Access to the service

The practice was open:

- Monday to Wednesday and Friday 8.45am to 12.30pm and 2.30pm to 6.30pm.
- Thursday 9.00am to 12.30pm

The practice did not open on a weekend. It had opted out of providing out of hours (OOH) services to its own patients when closed and directed them to the OOH provider for NHS Barking and Dagenham CCG.

Appointments were available:

GP

• Monday to Wednesday and Friday 9.10am to 11.30am and 4.00pm – 6.00pm,

• Thursday 9.30am to 11.30am.

Nurse

• Monday and Tuesday 9.15am to 12.00pm and 4.30 pm to 6.00 pm,

• Wednesday and Thursday 9.15am to 12.00pm.

The practice offered extended hours clinics on Monday and Friday evenings from 6.30pm to 7.15pm, these were intended for patients who would otherwise find it difficult to attend during working hours.

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

Results from the national GP patient survey showed patients satisfaction with how they could access care and treatment was below national averages.

- 56% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 78% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 72% of patients said the last appointment they got was convenient compared to a national average of 92%.

The practice told us that patient demand was increasing. For example some patients, including retired people, had asked for weekend appointments despite being able to attend the practice during its present opening hours. The practice opened for extended hours until 7.15pm on Monday and Friday evenings.

People we spoke to on the day of the inspection told us that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

This was achieved by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that

Good

Are services responsive to people's needs?

(for example, to feedback?)

it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at two complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained about the method of contact used by the practice. The practice reviewed the issue in a meeting and apologised to the patient but explained that it could not use different forms of contact for all patients as this was not practical for the practice.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice did not have a mission statement.
- The practice had a strategy, but no supporting business plans. Following our inspection the practice prepared and implemented a business plan that reflected its vision and values.

Governance arrangements

The practice had a 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. However, the policies did not all have review dates to ensure that they were monitored and amended as necessary.
- 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.

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 an 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.
- 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. For example, a patient had suggested that there should be a television in the waiting area to play information messages. The practice was considering how it could implement the idea.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example staff had been dissatisfied

Are services well-led?

Good

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

with the cleaning that was done. Accordingly, the practice changed its cleaning provider. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The practice had failed to evaluate and improve their services in relation to the low scores in the national GP patient survey. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.