

Dr DP Shah's Practice

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 Parkview Medical Centre on 18 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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 had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure the remaining non-clinical staff receive safeguarding training.
- Ensure staff training in health and safety and infection control is updated by July 2016.
- The provider should ensure the availability of chaperones is brought to patients' attention. This relates to the reception/waiting area in particular.
- The provider should ensure the availability of a translation service is brought to patients' attention.

Summary of findings

- Ensure fire drills are carried out regularly

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Four non-clinical staff were yet to receive safeguarding training. The practice manager undertook to ensure this was provided as soon as possible
- Risks to patients were assessed and well managed. However, the most recent risk assessment identified staff training in health and safety and infection control required updating. The provider undertook to complete this by July 2016.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The provider should ensure the availability of chaperones is brought to patients' attention.
- Information for patients about the services available was easy to understand and accessible. However, the provider should ensure the availability of a translation service is brought to patients' attention.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice referred patients to the Community Treatment Team (CTT) where the GP felt the patient would benefit from a community based service. This helped to keep hospital beds available for those patients who really needed them.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, the practice participated in the Everyone Counts initiative (a service for patients over 65 years with two or more chronic diseases).
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice maintained lists of older patients (over 75s and over 90s). Those with enhanced needs were flagged on the computer system and measures were put in place to ensure their particular needs were met.

Good



People with long term conditions

The practice is 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.
- Performance for diabetes related indicators was 57% (29% below CCG average and 33% below national average).
- 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.

Good



Families, children and young people

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

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

Good



Summary of findings

- A designated member of staff monitored attendance for six to eight week checks and immunisations and contacted parents when they did not attend.
- 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.
- Uptake for the cervical screening programme was 80% which was in line with 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, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- Appointments were protected for same day release from 4pm to 6.30pm to accommodate working patients. Telephone consultations were also available.
- Health promotion and screening that reflected the needs of this group of patients were routinely offered.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients who were homeless were able to register at the practice and had been allowed to use the practice address for correspondence.
- The practice offered longer appointments for patients with a learning disability. Records showed 94% (15 out of 16) of patients with a learning disability had had a health check in 2015/16. Out of those, 10 had a health action plan agreed.

Good



Summary of findings

- 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).

- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/14 to 31/03/15) which was comparable with the 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 343 survey forms were distributed and 100 were returned. This represented 2% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% 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%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 70% of patients said they would recommend this GP practice to someone who has 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 40 comment cards which were all positive about the standard of care received. Patients commented about the helpfulness, politeness and respectfulness of all staff. They were positive about the care and treatment they received and stated they were generally able to get an appointment that was convenient for them.

We spoke with 5 patients during the inspection. All 5 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Dr DP Shah's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr DP Shah's Practice

Dr DP Shah, also known as Parkview Medical Centre is situated at 199-201 Reede Road, Dagenham, Essex RM10 8EH. The practice is based in a purpose built building, located on a main road. It is well served by local bus routes and two stations on the London Underground. Parking is available on the forecourt which includes two disabled parking bays. Additional parking is available at the rear of the premises and on surrounding streets. All parts of the premises are wheelchair accessible.

The practice provides NHS primary care services through a General Medical Services (GMS)

contract to approximately 4,517 people living in the London Borough of Barking and Dagenham. The practice is part of the NHS Barking and Dagenham Commissioning Group (CCG).

The practice is located in the third more deprived decile of areas in England. The practice age profile shows most patients are of working age (20 to 59) with a lower than average proportion of patients aged above 60. At 76 years for males and 80 years for females, the average life expectancy is slightly lower than the England averages of 79 and 83 years, respectively.

The practice is staffed by one lead GP (male), three salaried GPs (one male, two female), a practice nurse (female) and a trainee health care assistant (HCA). The total number of GP sessions was 14 per week. There were four nurse sessions per week. There is also a practice manager and deputy practice manager. They are supported by five reception/administrative staff. The practice is not a teaching or training practice.

The practice's opening hours are from 9am to 1pm and then 2pm to 6.30pm Monday to Friday, except Thursday when it does not re-open in the afternoon. Surgery times are from 9am to 12pm and then 4pm to 6.30pm Monday to Friday except Thursday when it does not re-open in the afternoon. Extended hours appointments are offered on Tuesdays from 6.30pm to 7.30pm. When the practice is closed out of hours services were provided by the Partnership of East London Co-Operatives (PELC) by arrangement with Outer North East London Primary Care.

Dr DP Shah is registered to provide the following regulated activities from 199-201 Reede Road, Dagenham, Essex RM10 8EH:

- Diagnostic and Screening Procedures; and
- Treatments of Disease, disorder or injury

At the time of our inspection the practice was not registered for maternity and midwifery services. An application has since been submitted.

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

Detailed findings

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.

Dr DP Shah was inspected on 3 September 2013 under the previous inspection regime. It was found compliant.

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 18 April 2016.

During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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. They were also discussed at quarterly, whole practice meetings.

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, following an incident relating to an incorrect dosage of folic acid, the incident was discussed at a staff meeting, the current prescribing guidelines for folic acid were reviewed, and clinical staff signed a memo to confirm they had read and understood it.

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. Clinical staff 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. Four non-clinical staff were yet to receive formal safeguarding training however all staff were aware of the practice's policy and reporting procedures. A list of all relevant contacts was on display and included in the policy. The practice manager undertook to ensure the remaining staff received training as soon as possible.

- 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). There were posters in consulting rooms advising patients that chaperones were available if required. However, there were none in the reception/ waiting area. The provider should ensure the availability of chaperones is brought to patients' attention.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The principal GP 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Staff were due to receive updated infection control training by July 2016. The provider should ensure this is 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. For example for repeat prescriptions of Methotrexate (a drug used to treat certain types of cancer and other diseases) staff would take the patient's record book to the doctor who would carry out the necessary checks before issuing the prescription.

Are services safe?

- 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. The practice did not hold any controlled drugs.
- 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 saw these were signed by the GP and nurse. The HCA did not administer medication.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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. The practice used a notepad on the computer system to notify all relevant staff of any alerts. For example, we saw a drug alert on the notepad which had been sent to all doctors. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. Health and safety assessments were carried out annually. The most recent assessment identified staff training in this area required updating. They undertook to complete this by July 2016. The provider should ensure this is done. The practice had up to date fire risk assessments, however it did not carry out regular fire drills. Staff were aware of the procedures for evacuating the premises in the event of a fire. The practice manager undertook to ensure a fire drill was carried out as soon as possible. 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). A Legionella risk assessment had recently been conducted and an action plan was in place.
- 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. Cover for staff leave was arranged amongst existing staff. Where the use of locums was necessary the practice used the same, long term locums who were familiar with the practice. Locum packs were provided which included information about the practice, referral process, names and contact details of all essential personnel and other important information.

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. Anaphylactic kits was available. A first aid kit was kept in the treatment room and the accident book was kept in the reception area.
- 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 and reciprocal arrangements. Copies were kept away from the practice in case the building became inaccessible. The practice had a reciprocal arrangement with another local practice to share premises if either of their premises became unusable.

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. Clinical staff were notified about NICE guidance and updates using the notepad on the computer system.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice maintained lists of older patients (over 75s and over 90s). Those with enhanced needs were flagged on the computer system and measures were put in place to ensure their particular needs were met.

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 87% of the total number of points available with 4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This was lower than the CCG average of 9% and the national average of 9%.

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 57% (29% below CCG average and 33% below national average).
- Performance for mental health related indicators was 91% (2% below the CCG average and 3% below the national average).

QOF results in relation to diabetes were below national averages. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), was 54% against the CCG average of 72% and the national average of 78%.

Also in relation to hypertension related indicators, the practice's performance was 66% against the national average of 84%.

We raised this with the provider who was aware of these large variations. They told us there was a relatively high prevalence of diabetes and hypertension in the local population. The practice faced challenges around education and patient self management of these conditions. The practice had targeted the patients they had identified as requiring more support with managing these conditions. They made constant attempts to contact these patients on a regular basis to attend for reviews. Patients were offered appointments at times that suited them, rather than at designated clinics to try and increase attendance. We saw patients were referred to local services such as the DESMOND programme for extra support. (DESMOND is the collaborative name for a family of group self management education modules, toolkits and care pathways for people with, or at risk of, Type 2 diabetes). Patients on insulin were referred to the DAPHNE programme, an educational course for managing type 1 diabetes. During the inspection we saw the QOF figures for year 2015/16 did show an improvement for diabetes and hypertension indicators. For example performance for hypertension indicators was now 75%. (The figures for QOF 2015/16 have not yet been verified and published).

There was evidence of quality improvement including clinical audit.

- We saw examples of four clinical audits completed in the last two years. One example was an audit of patients with chronic obstructive pulmonary disease (COPD) receiving prescribed inhalers. As a result of the audit some patients had their inhalers changed to ones that were deemed more suitable. It had been identified that some patients needed to improve their inhaler technique. Other audits related to urgent referrals for cancer, polypharmacy and referrals for MRI scans.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinicians attended monthly meetings with the CCG where local area needs were discussed.
- Findings were used by the practice to improve services. For example, following a polypharmacy audit it was identified that dossett boxes needed to be issued to some patients in order assist them to take their medication correctly.

Information about patients' outcomes was used to make improvements. For example, the practice had specific care plan template for patients identified as at risk of admission to hospital. Patients that had had unplanned admissions were given follow up appointments to check their overall health, assess how the admission could have been avoided and prevent it happening again. The provider regularly reviewed QOF results and would take action where performance was low. For example with diabetes and hypertension.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff who administered vaccinations demonstrated how they stayed up to date with the latest developments using online resources and discussions at study days and protected learning time events. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Clinical staff also attended additional "master classes" at a local private hospital.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw a staff training matrix which showed which training staff had received. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This

included ongoing support, one-to-one meetings, coaching and mentoring, 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. Regular meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs. For example, multi disciplinary team (MDT) meetings took place every two weeks. They were attended by district nurses, palliative care nurses and community matrons. Patients with complex needs were also referred to the Community Treatment Team (CTT) who worked with patients in the community who could potentially be treated at home, rather than attend accident and emergency. They were also referred to Health 1000, a local consultant led team which provided joined up health and social care services for patients with complex care 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.

Are services effective?

(for example, treatment is effective)

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.
- The process for seeking consent was monitored through the review of patient records audits.

Supporting patients to live healthier lives

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

- New patient health checks were conducted to identify where any extra support was required. Where appropriate, they were sign-posted to other local organisations or clinics such as the respiratory community clinic.
- 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 those requiring psychological support services. Patients were signposted to the relevant service.
- Patients were referred for dietary advice and smoking cessation advice was available in house.

The practice's uptake for the cervical screening programme was 80%, which was comparable to 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 for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 93% and five year olds from 56% to 69%.

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.
- A designated area was set aside for breastfeeding mothers.

All of the 40 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 three 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 showed patients felt they were treated with compassion, dignity and respect. The practice results were generally comparable with averages for patients' satisfaction scores on consultations with GPs and nurses. For example:

- 80% 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%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 79% 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 90% and the national average of 95%.

- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and 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 responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and the national average of 86%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

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. However, We did not see notices in the reception areas informing patients this service was available.
- A hearing loop was available at reception and in one consulting room. A digital screen displayed the name of the next patient to be seen and also practice and health related information.

Are services caring?

- Information leaflets were available in easy read format. These included leaflets about psychological services and the Community Treatment Team (CCT). There were links to copies of health information leaflets on the practice website.
- The practice leaflet provided information about the services the practice provided and general information about opening hours and out of hour's services.

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 39 patients as carers (1% of the practice list). The practice contacted the Integrated Care Service (ICS) to provide respite care where necessary. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice referred patients to the community treatment team (CTT) where the GP felt the patient would benefit from a community based service. This helped to keep hospital beds available for those patients who really needed them.

- Extended hours appointments were offered on Tuesdays from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours. Appointments were protected for same day release from 4pm to 6.30pm to accommodate school age and working patients.
- 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.
- Longer appointments were available for diabetes and asthma reviews and for patients aged over 65 with two or more long term conditions.
- Patients who were homeless were able to register at the practice and had been allowed to use the practice address for correspondence.

Access to the service

The practice's opening hours were from 9am to 1pm and then 2pm to 6.30pm Monday to Friday, except Thursday when it did not re-open in the afternoon. Surgery times were from 9am to 12pm and then 4pm to 6.30pm Monday to Friday except Thursday when it did not re-open in the afternoon. Extended hours appointments were offered on

Tuesdays from 6.30pm to 7.30pm. When the practice was closed, out of hours services were provided by the Partnership of East London Co-Ops (PELC) by arrangement with Outer North East London Primary Care.

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

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 75%.
- 87% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and 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.

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.

Patients were asked to contact the practice as early as possible to request a home visit. A GP would then contact the patient 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 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. Patients were issued with a practice leaflet which included details about the complaints process. Posters about the complaints process were displayed in the reception area.

We looked at two complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons

were learned 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, in relation to a complaint about the attitude of a member of reception staff, an investigation was carried out, management met with the patient and the complaint was responded to in writing. The issue was discussed with staff and learning was shared.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement. This was to provide the best possible care from our clinical staff and a courteous, efficient and friendly service from our reception and administrative staff. Although staff were not able to articulate the mission statement, they knew, understood and shared the practice's values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice was due to be taken over by a different provider and was in the process of signing the relevant contracts. We were told the practice taking over was a local practice which was very familiar with this practice. It was expected that the current salaried and locum GPs would be remaining. Therefore continuity of care and standards could be maintained. The practice manager and principal GP were due to take semi-retirement following the take-over. The practice had a deputy practice manager in place who was suitably skilled and experienced to take over the practice manager role.

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 robust 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 management was 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. They were also updated daily about any relevant matters as and when they arose.
- 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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through surveys and complaints received. The practice had a patient reference group (PRG) (a virtual group of patients who provide the practice with feedback). We saw evidence of surveys which had been compiled in collaboration with the PRG. The practice had recently started a patient participation group (PPG). We spoke with three members of the PPG. They told us they had met once and the next meeting was scheduled for June 2016. The members we spoke with were aware of the purpose of the PPG. They told us they believed they would be listened to by the provider and would be able to contribute positively to the running of the practice.
- The practice carried out a survey in relation to appointments. This was due to a high number of wasted appointments due to patients failing to attend (DNAs). Patients were asked if they preferred same day or pre-bookable appointments. Following a review of the results, additional same day appointments were made available. A further review was due to be conducted.
- The practice had gathered feedback from staff generally 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. 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. Examples included referring patients to the Community Treatment Team (CCT) where it was determined to be more beneficial for the patient to be treated at home. Patients were also referred to Health 1000, a local consultant led team which provided joined up health and social care services for patients with complex care needs.