

# Boleyn Road Practice

## Quality Report

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Website:

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Boleyn Road Practice on 15 September 2015. Overall the practice is rated as good.

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

- Shortfalls we identified at our last inspection of the practice in June 2014 had been remedied.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to medicines management.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and were being met.

- Patients said they were treated with kindness and concern and that their treatment was explained to them.
- Information about services and how to complain was available and easy to understand.
- Patients said they could get an appointment when they needed one and urgent appointments were available the same day.
- The practice had facilities for disabled people and was well equipped to treat patients and meet their clinical 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.

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

Importantly the provider must:

- Ensure all staff acting as chaperones have received a Disclosure and Barring Service check.

# Summary of findings

- Ensure repeat prescribing is carried out safely in line with the provider's repeat prescription and medication review protocol for every patient.

In addition the provider should:

- Review arrangements to keep children safe at the top of the stairs that lead down to the basement from the waiting area.

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.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to relevant staff.

Risks to patients who used services were assessed, however not all the systems and processes to address these risks were implemented well enough to ensure patients were kept safe: not all staff acting as a chaperone had received a Disclosure and Barring Service check and the practice was not following its repeat prescription and medication review protocol for every patient when their review was due.

Requires improvement



### Are services effective?

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

Good



### Are services caring?

The practice is rated as good for providing caring services. Results from the national GP patient survey for the practice did not compare well with local and national averages, however the response was low at 12% and the results were based on 57 surveys returned out of a total of 459 surveys sent out. Patients we spoke with during our inspection visit told us they were treated with kindness and concern and that staff explained their treatment to them. We observed staff treated patients with courtesy and respect and maintained confidentiality. Information for patients about the services available was easy to understand and accessible.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The

Good



# Summary of findings

practice continued to work with commissioners to secure improvements to its premises to improve physical access for patients and access to a wider range of services, the working environment and infrastructure.

Patients told us they could get an appointment when they needed one, with urgent appointments available the same day. The practice had facilities for disabled people and was well equipped to treat patients and meet their clinical needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded to issues raised.

## Are services well-led?

The practice is rated as good for being well-led. It had clear aims and had ambitions for further practice developments. Staff roles were clearly defined and there was a clear leadership structure in place. Staff felt supported by management. The practice had policies and procedures to govern activity and communication amongst the staff group was effective. There were systems in place to monitor and improve quality and assess risk. The practice proactively sought feedback from staff and patients which it acted on. The patient participation group (PPG) was supportive of the practice. Staff had received inductions and performance reviews were being completed. Staff attended meetings and events.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. There were comparatively few older people on the practice's list reflecting the age profile of the local area. Nevertheless the practice provided proactive, personalised care to meet the needs of older people, including offering people over the age of 75 an annual health check where an examination had not been performed in the preceding 12 months for any other reason. The GP partner was the named accountable GP for each patient over the age of 75 years registered with the practice.

The percentage of patients aged 65 or older who had received a flu vaccination was comparable to the national practice average and the practice also offered the shingles vaccine to eligible older people. The practice was responsive to the needs of older people and offered home visits and rapid access appointments for those who needed them.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. A large number of patients registered with the practice had diabetes and the practice nurse had a lead role in managing these patients' condition. Systems were in place to ensure patients were called routinely for their blood and / or urine tests and reviews. Patients at risk of avoidable hospital admission were identified as a priority and supported. Longer appointments and home visits were available when needed. For those people with the most complex needs, for example those with palliative care needs, the practice worked with the relevant community care services 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, for example living in disadvantaged circumstances where there was domestic abuse, or at risk of female genital mutilation (FGM). Immunisation rates were in line with national practice averages for all standard childhood immunisations. Appointments were available outside of school hours.

Good



### 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

Good



# Summary of findings

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 and flexible. The practice offered extended opening hours and patients were able to book appointments and order repeat prescriptions online. The practice offered a full range of health promotion and health checks that reflects the needs of this age group. Given the prevalence of TB and diabetes amongst the local population, the practice screened new patients for pre-diabetes and TB. Eighteen year olds were being invited for the new vaccination to prevent meningitis W prior to the start of the new academic year. The practice provided chlamydia screening for young people aged under 25 years.

## **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 those with a learning disability. It had carried out annual health checks for people with a learning disability and arranged follow ups with a GP where required. It offered longer appointments for people with a learning disability. The practice worked with housing and social services in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable people. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Good**



## **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). A system was in place for recalling patients for regular health checks and blood tests. The proportion of patients with schizophrenia, bipolar affective disorder and other psychoses with a comprehensive, agreed care plan documented in their record in the preceding 12 months was in line with the national practice average. Patients were supported with housing or transport needs and to engage in activities, for example attending the gym.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice did not always perform well in comparison with local and national averages. However these results were based on 57 surveys returned out of 459 surveys sent out, which is a low response rate of 12%.

- 25% find it easy to get through to this surgery by phone compared with a CCG average of 61% and a national average of 73%.
- 59% find the receptionists at this surgery helpful compared with a CCG average of 80% and a national average of 87%.
- 46% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 49% and a national average of 60%.
- 54% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 76% and a national average of 85%.
- 73% say the last appointment they got was convenient compared with a CCG average of 85% and a national average of 92%.
- 53% describe their experience of making an appointment as good compared with a CCG average of 65% and a national average of 73%.

- 32% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 51% and a national average of 65%.
- 29% feel they don't normally have to wait too long to be seen compared with a CCG average of 41% and a national average of 58%.

While the practice encouraged and valued feedback from patients, it observed there was generally a lack of enthusiasm amongst its patients to take part in surveys.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received no completed comment cards.

We spoke with five patients and / or family members during our inspection visit. They said the practice offered a very good service and that staff were helpful and kind. They said the doctors were good and they liked the practice nurse. They felt the practice took care of them. Four of the five patients we spoke with said they could get an appointment when they needed one. The fifth patient had a same day appointment but was disappointed that they could not have been seen earlier in the day.



# Boleyn Road 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 and a practice nurse specialist adviser. Specialist advisers are granted the same authority to enter the registered persons' premises as the CQC inspector.

## Background to Boleyn Road Practice

Boleyn Road Practice is located in Forest Gate in the London Borough of Newham. It is one of the 62 member GP practices of Newham Clinical Commissioning Group.

The practice has approximately 7,500 registered patients. It is located in the second most deprived decile of areas in England.

Services are provided by the Boleyn Road Practice partnership under a General Medical Services (GMS) contract with NHS England. The partnership is made up of one GP and the Practice Manager.

When we last inspected the practice in June 2014 we found improvements were required in respect of regulations relating to Care and welfare of people who use services, Safeguarding service users from abuse, Cleanliness and infection control, Supporting workers, and Complaints (HSCA 2008 (Regulated Activities) Regulations 2010). At our inspection on 15 September 2015 we found the shortfalls identified at the last inspection had been remedied.

The practice's opening hours are:

- Monday, Tuesday, Wednesday and Friday - 9.00am to 1.00pm and 3.00pm to 6.30pm
- Thursday - 9.00am to 1.00pm

Appointments are available at the following times:

- Monday - 9.30am to 12.00pm, 3.30pm to 6.00pm, 6.30pm to 8.00pm (nurse appointments only), and 6.30pm to 9.00pm (extended hours provided by the local GP co-operative).
- Tuesday - 9.30am to 12.00pm, 3.30pm to 6.00pm, and 6.30pm to 9.00pm (extended hours provided by the local GP co-operative).
- Wednesday - 9.30am to 12.00pm, 3.30pm to 6.00pm, and 6.30pm to 9.00pm (extended hours provided by the local GP co-operative).
- Thursday - 9.00am to 1.00pm and 6.30pm to 9.00pm (extended hours provided by the local GP co-operative).
- Friday - 9.00am to 1.00pm, 3.00pm to 6.00pm, and 6.30pm to 9.00pm (extended hours provided by the local GP co-operative).
- Saturday - 9.00am to 1.00pm (extended hours provided by the local GP co-operative).

An additional capacity service can be contacted between 9.00am and 6.00pm to book appointments at the following times:

- Mondays to Fridays - 9.30am to 9.30pm
- Saturdays - 9.00am to 6.00pm
- Sundays - 9.00am to 1.00pm

Clinical services are provided by 5 GPs including the GP partner and four GP locums who work part time at the practice. The GP partner and one of the GP locums are female. There is one practice nurse and two healthcare assistants. Non clinical staff include a practice manager and a team of secretarial, administrative and reception staff.

# Detailed findings

The GP partner provides out of hours care for the practice's patients and is a member of the local GP co-operative providing out of hours care in Newham.

Boleyn Road Practice is registered with the Care Quality Commission to carry on the following regulated activities at Boleyn Road Practice, 162 Boleyn Road, Forest Gate, London E7 9QJ: Treatment of disease, disorder or injury; Diagnostic and screening procedures; Maternity and midwifery services; and Family planning.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

We also wanted to check that shortfalls we had identified at our inspection of Boleyn Road Practice in June 2014 had been remedied.

## How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice. We carried out an announced visit on 15 September 2015. During our visit we spoke with a range of staff, including GPs, nursing staff, reception and administrative staff, and the Practice Manager. We observed how people were being cared for, and spoke with patients and / or family members and a representative of the Patient Participation Group. We reviewed the personal care or treatment records of patients. We reviewed documentation the provider gave us about the operation, management and performance of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach to reporting and recording significant events and a system was in place for doing this. 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 practice carried out an analysis of the significant events.

We reviewed significant event monitoring reports. We also looked at notes of meetings with staff where action to improve safety in the practice was discussed, for example around processing repeat prescriptions.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and guidelines were accessible to all staff and included information about who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the waiting area. The practice had up to date fire risk assessments and fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises and had completed Health and Safety compliance and Disability Access audits and a Legionella risk assessment within the 12 months prior to the inspection.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean. The practice nurse was the infection control clinical lead. Infection control policies and protocols were in place and staff had received up to date training. An infection control audit had been completed within the 12 months prior to the inspection and we saw evidence that action was taken to address improvements identified as a result.
- Recruitment checks were carried out and the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment, for example proof of identification, references, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service for clinical staff.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had increased the number of reception staff on duty during opening hours to attend to patients and answer the phones more quickly. The practice had engaged a female GP locum to provide greater access to a female GP for patients. The practice supported clinical and non clinical staff to work flexibly and additional hours to ensure that enough staff were on duty and in response to increased demand.

However, the following systems and processes to address risks were not implemented well enough to ensure patients were kept safe:

- Chaperones were available for the benefit of both patients and staff. Posters in the waiting area and in each of the consulting and treatment rooms told patients about this. All staff who acted as chaperones had been briefed for the role, however not all had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The Practice Manager undertook that staff without DBS checks would no longer be used as chaperones.
- Medicines were stored securely and kept fit for use. The practice carried out regular medication audits as recommended by the local CCG pharmacy team to ensure the practice was prescribing in line with best

## Are services safe?

practice guidelines for safe prescribing. Prescription pads were stored securely and there were systems in place to monitor their use. However, the practice had a repeat prescription and medication review protocol which was not being followed in every case. We looked at the medical records of eight patients and reviews of repeat prescriptions were overdue for two of them. We brought these patients to the attention of the GP partner who reviewed these records and the treatment and care these patients had received and they undertook to take remedial action to ensure these patients were prescribed medicines safely.

### **Arrangements to deal with emergencies and major incidents**

All staff had received cardiopulmonary resuscitation training in the 12 months prior to the inspection and there were emergency medicines available. The practice had a defibrillator and medical oxygen available on the premises. Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive service continuity plan in place for major incidents such as power failure or the computer server going down. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored guidelines were followed through audits.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 96.6% of the total number of points available compared with a practice average across England of 94.2%.

Data from 01/09/2013 to 31/01/2014 showed:

- Performance for a range of diabetes related indicators was in line with the national average.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was similar to the national average: 87.62% compared with 83.11%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was similar to the national average: 83.33% compared with 86.04%
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was similar to the national average: 90.91% compared with 83.82%.

Clinical audits were carried out to maintain and improve quality, for example the GP partner had completed a two cycle audit of the prevention of vascular complications of hypertension and type 2 diabetes. This audit showed changes in treatment and care had been implemented and had improved outcomes for patients. The practice

participated in applicable local audits and benchmarking, for example around prescribing. The practice achieved 17 out of a total of 18 points in the CCG Medicines Management Quality Improvement Scheme Awards (QIS) 2014/15.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff to help them take up their new role and responsibilities quickly and efficiently.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. They received ongoing support from the GP partner, Practice Manager and more experienced members of staff, meetings, appraisals and supervision. Clinical staff were supported in maintaining registration with the professional body. All staff had had an appraisal within the last 12 months or were in the process of completing their appraisal.
- Staff received training that included safeguarding, infection control, cardiopulmonary resuscitation and fire safety.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system. This included risk assessments, medical records, care plans and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. Multi-disciplinary team meetings took place, for example on a quarterly basis for palliative care patients where care plans were reviewed and updated.

# Are services effective?

(for example, treatment is effective)

## Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and worked with the patient's carer to make a decision about treatment in the best interests of the patient when necessary. When providing care and treatment for children and young people, assessments of capacity to consent were carried out in line with relevant guidance. People aged under 16 years were referred to the local young people's specialist sexual health clinic for contraceptive advice.

## Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing diabetes, and those at risk of avoidable unplanned admission to hospital. The practice also

screened new patients for TB because of high levels of the disease in Newham. One member of staff was trained to provide smoking cessation advice and the healthcare assistant provided weight management advice.

The practice's uptake for the cervical screening programme was 76.2%, which was comparable to the national average of 81.88%.

Childhood immunisation rates for the vaccinations given were comparable with CCG averages.

The flu vaccination rate for the over 65s was 78.17% and 74.96% for at risk groups. These rates compared well with national averages.

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



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private space in which to discuss their needs.

Patients we spoke with said the practice offered a very good service and that the staff were helpful and kind. They said the doctors were good and they liked the practice nurse. We also spoke with one member of the patient participation group (PPG) who told us the practice did the best it could but that space was an issue and that patients expected to be able to get tests done at the practice and not to have to go elsewhere. The PPG was supporting the practice's plans to develop the premises.

There were no completed CQC comment cards.

Results from the national GP patient survey showed that patients' satisfaction with how they were treated did not compare well with local and national averages, for example:

- 59% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 56% said the GP gave them enough time compared to the CCG average of 79% and national average of 87%.
- 81% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%
- 60% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and national average of 85%.
- 75% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 91%.

- 59% patients said they found the receptionists at the practice helpful compared to the CCG average of 80% and national average of 87%.

However, the national GP patient survey response rate was low at 12% and these results were based on 57 surveys sent back out of 459 surveys sent out.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed and everything was explained to them, although one patient said that they would like the practice to tell them the results of blood tests even if the test showed that everything was fine. Patients felt the practice took care of them, making sure they were seen by the doctor for regular checks ups and supporting them, for example after a heart operation or a stroke and during pregnancy.

Results from the national GP patient survey showed that patients' satisfaction with their involvement in planning and making decisions about their care and treatment and results did not compare well with local and national averages, for example:

- 64% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 58% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and national average of 81%

However, the national GP patient survey response rate was low at 12% and these results were based on 57 surveys sent back out of 459 surveys sent out.

Staff spoke most of the languages prevalent within the practice population including English, Bangla, Urdu, Hindi and Gujarati. Translations services were available for patients with other first languages.

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

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and the practice was taking steps to increase the number of people on the register to 10% of the practice

## Are services caring?

list in line with the 2011 population census findings. Carers were being supported, for example, by being offered health checks and flu vaccinations, referral for social services support and signposting to the local carers network.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area, for example around prescribing and supporting patients with diabetes.

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

- The practice offered extended opening times on Monday and Wednesday evenings for working patients who could not attend during normal opening hours.
- There were longer appointments available, for example for people with a learning disability and for health reviews and checks with the nurse for people with long term conditions.
- Home visits were available for patients who would benefit from these, for example housebound and older people.
- Urgent access appointments were available for those who needed them including children and those with serious medical conditions.
- The ground floor of the practice was accessible to people who use wheelchairs. There was a hearing loop in the reception area.
- Staff spoke most of the languages spoken by the practice population. Translation services were available for other languages.
- Guidance was available to reception staff to help them ensure people with long term conditions, pregnant women, and people requiring health promotion and prevention interventions for example were given timely access to the service. Staff told us they also prioritised children, the elderly and people in vulnerable circumstances.

### Access to the service

The practice was open between 9.00am and 1.00pm Monday to Friday, and between 3.00pm and 6.30pm every week day except Thursday. Appointments were available between 9.30am and 12.00pm Monday to Friday and between 3.30pm and 6.00pm every week day except Thursday. Extended hours surgeries were offered on Mondays between 6.30pm and 7.30pm for appointments with the nurse, and on Wednesdays between 6.30pm and

8.00pm for appointments with a GP or the nurse (provided via the local GP co-operative). There were urgent appointments available each day in addition to the pre-bookable appointments.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment did not compare well with local and national averages, for example:

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 25% patients said they could get through easily to the surgery by phone compared to the CCG average of 61% and national average of 73%.
- 53% patients described their experience of making an appointment as good compared to the CCG average of 65% and national average of 73%.
- 32% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 51% and national average of 65%.

However, the national GP patient survey response rate was low at 12% and the results were based on 57 surveys sent back out of 459 surveys sent out.

Four of the five patients we spoke with during our inspection said they could get an appointment when they needed one. The fifth patient had a same day appointment but was disappointed that they could not be seen earlier in the day.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system which was included in the practice leaflet. There was also a complaints leaflet for patients that included information about advocacy services and The Parliamentary and Health Service Ombudsman.

We looked at seven complaints received in the last 12 months and found the practice had sought to follow up and resolve patients' concerns where possible. In most

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

cases patients were given an explanation of the systems in place, for example for ordering prescriptions, and they were satisfied with this. In a few cases, the practice was able to improve how it did things, for example to remind staff to keep patients informed if a report from the doctor was delayed for whatever reason.

The practice had responded to negative reviews left anonymously on the NHS Choices website, inviting these reviewers to provide more information so that their concerns could be investigated. However, none of the reviewers had taken the practice up on its invitation.

# 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 provider aimed to deliver an effective and efficient service that met patients' needs and value for money. The provider had ambitions to develop the practice premises to improve physical access for patients and access to a wider range of services, the working environment and infrastructure. It continued to work with commissioners to secure these improvements.

### Governance arrangements

There was a governance framework in place which supported the delivery of the practice's aims. The framework was made up of:

- A clear staffing structure and lines of accountability. Staff had clearly defined roles and responsibilities.
- Practice policies and protocols available to all staff to provide guidance and instruction.
- A comprehensive understanding of the performance of the practice
- A programme of clinical and internal audit which was used to monitor quality and to make improvements
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and took the time to listen to them.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the Practice Manager. They told us that while formal meetings were infrequent, communication was good, likening it to being in a family. Staff said they felt supported and were involved in discussions about how to run and develop the practice. Minutes we saw of practice meetings, clinical staff meetings and non clinical staff meetings supported this.

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

The practice encouraged and valued feedback from patients, noting however that there was generally a lack of enthusiasm amongst its patients to take part in surveys. This corresponded with the low response rate in the national GP patient survey. Nevertheless, the practice gained feedback through the patient participation group (PPG), surveys carried out by members of the PPG in previous years, and complaints. The PPG concurred with the provider that premises and infrastructure improvements would improve services for patients.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues and management, and that they felt involved and engaged to improve services for patients.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment  Systems and processes were not established and operated effectively to prevent abuse of service users. Not all staff acting as a chaperone had received a Disclosure and Barring Service check. Regulation 13.-(2)
Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  Care and treatment was not being provided in a safe way for service users. Medicines were not properly and safely managed. The practice had a repeat prescription and medication review protocol which was not being followed in every case. We looked at the medical records of eight patients and reviews of repeat prescriptions were overdue for two of them. Regulation 12.-(2)(g)