

Dr Ramaswamysetty Venugopal

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 Dr Ramaswamysetty Venugopal on 30 March 2016. Overall the practice is rated as good.

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

- Significant events recording systems were not formally structured but the practice had identified and managed them effectively to improve safety.
- Practice specific policies were implemented and were available to all staff.
- Most arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were robust.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their 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.

Areas of practice where the provider should make improvements:

- Implement systems to ensure consistent clinical equipment cleaning, and staff induction and training including fire safety and infection control.
- Review process documentation for significant events and meetings to strengthen risk management and quality improvement.

Summary of findings

- Review arrangements for ensuring patients are aware of translations services.

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 a system in place for reporting and recording significant events. Recording systems were not formally structured but the practice had identified and managed significant events effectively.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. For example, Performance for diabetes related indicators was 90% compared to the CCG average of 87% and the national average of 89%.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs but recording systems were limited.

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 as comparable to 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.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff told us they knew patients well and several generations of the same family were often registered. If families had suffered bereavement, the lead GP or a staff member they knew contacted them. This call was followed up and the lead GP had recently attended a patients' funeral.

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 had a relatively high population of children and working age females. It provided child health surveillance and women's health services, including contraception.
- 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.
- 98% of patients said they could get through easily to the surgery by phone (CCG average 61%, national average 73%).

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 this.
- There was a clear leadership structure and staff felt supported by management.

Good



Summary of findings

- Most arrangements for identifying and managing risks and implementing mitigating actions were effective. However, there were weaknesses in some systems such as staff induction and training, significant events recording and escalation, and documentation for meeting actions and follow up.
- 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 which was used to monitor quality and to make improvements.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients with rheumatoid arthritis, on the register, who had had a face-to-face annual review in the preceding 12 months was 100% which was comparable to 91% within the CCG and 91% nationally.

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 90% compared to the CCG average of 87% and the national average of 89%
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 and for those given to under two year olds ranged from 88% to 100% (CCG ranged from 82% to 94%), and five year olds from 89% to 100% (CCG ranged from 82% to 94%).

Good



Summary of findings

- 98% of patients diagnosed with asthma, on the register had an asthma review in the last 12 which is significantly better than 75% nationally.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 81% and the national average of 82%.
- The practice had a relatively high population of children and working age females and provided child health surveillance and women's health services, including contraception.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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.
- Patients aged 40–74 had access to appropriate health assessments and checks that were followed up where abnormalities or risk factors were identified.

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 and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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).

- Performance for mental health related indicators was 89% compared to the CCG average of 87% and national average of 93%
- The practice regularly worked with multi-disciplinary teams in the case management of people 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 in January 2016. The results showed the practice was performing in line with or better than national averages. Three hundred and eighty one survey forms were distributed and eighty three were returned. This represented 4% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84% 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%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 68% 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 52 comment cards, fifty were entirely positive about the standard of care received and there were no common themes in the remaining two. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practices' friends and families test showed the majority of patients would recommend the surgery.

Areas for improvement

Action the service **SHOULD** take to improve

- Implement systems to ensure consistent clinical equipment cleaning, and staff induction and training including fire safety and infection control.
- Review process documentation for significant events and meetings to strengthen risk management and quality improvement.
- Review arrangements for ensuring patients are aware of translations services.

Dr Ramaswamysetty Venugopal

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Ramaswamysetty Venugopal

The Dr Ramaswamysetty Venugopal practice (also known as the Esk Road Medical Centre) is situated within NHS Newham Clinical Commissioning Group (CCG). The practice provides services to approximately 2,050 patients under a GMS contract and provides a full range of enhanced services including childhood immunisations and IUCD (also known as the “coil”) fitting.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, and Diagnostic and screening procedures. It has two floors and is located within a converted shop. All patient areas are on the ground floor and are wheelchair accessible.

The staff team includes a lead male GP working eight sessions per week, a regular male locum GP working two sessions per week, two female practice nurses (one working 12 hours and the other 10 hours per week), a full time practice manager, and a team of reception, secretarial and administrative staff.

The practice is open weekdays from 9.30am to 6.30pm except on Wednesday when it closes at 12.00pm. Core appointments times are from 9.30am to 11.00am weekday mornings and in the afternoons from 2.00pm to 3.30pm on Monday, 2.00pm to 4.00pm on Tuesday and Friday, and 4.00pm to 6.00pm on Thursday. Extended hours appointments are offered every Tuesday 6.30pm to 8.00pm. Home visits, telephone consultations and pre-bookable appointments are available including online in advance. Urgent appointments are also available for people that need them. Patients telephoning for an out of hour’s appointment are transferred to the Newham cooperative deputising service, including on weekdays between 8.00am and 9.30am.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. It has a higher than average population of people whose working status is unemployed at 9% compared to the national average of 5%, and is comparable to Clinical Commissioning Group (CCG) average of 11%. The average life expectancy for the practice was comparable to CCG and national averages for males (78 years at the practice, 77 years within the CCG, and 79 years nationally) and females (82 years at the practice, 82 years within the CCG and 83 years nationally).

The practice was selected as a finalist for the General Practice Awards 2012 and the lead GP told us this could not have been achieved without the teamwork and co-operation of all the staff.

Detailed findings

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This provider had not been inspected previously.

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 30 March 2016.

During our visit we:

- Spoke with a range of staff (lead GP, practice nurse, practice manager, and receptionists) 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 a 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 general book used for recording accidents, incidents and complaints. The book did not have prompts for significant events escalation but entries had been signed by staff, managers and GPs. The practice also had a structured recording form that had been used by GPs and managers that supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice reviewed arrangements following a good example of a patient's speedy and appropriate referral for cancer diagnosis and treatment. Staff met to discuss learning and agreed to implement a system allocating responsible staff for each referral action to consistently facilitate patients prompt referral.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns

about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. GPs were trained to Safeguarding level 3, nurses to level 2, and all except one non-clinical staff member were trained to level 1. All staff demonstrated they understood their responsibilities.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were no clinical equipment cleaning schedules in place for equipment such as the ear irrigator, but it was visibly clean and the spirometer mouthpiece and other single use equipment were disposable. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and lead staff had received up to date training. Non-clinical staff had not received infection control training but did not handle any clinical specimens and knew where the spillage kit was kept and how to use it (a spillage kit is used to clear up sudden and unexpected spillage of vomit or any other body fluid). Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

Are services safe?

there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- There was no documented recruitment policy or procedure. However, we reviewed four 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. Immediately after inspection the practice sent us its new recruitment policy.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office but no local health and safety representatives had been identified. Staff had not received fire safety training and there were no notices for action in the event of fire. However, the practice designated a health and safety lead on the day of inspection and had previously completed an up to date fire risk assessment and carried out regular fire drills. Staff were clear on what action to take in the event of a fire and the practice sent us evidence staff had completed basic fire safety training immediately after inspection.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice

had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training except for one person who last received it in 2014.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were available and 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 a buddy arrangement with another practice.

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 peoples' needs.
- The practice monitored that these guidelines were followed through audits.

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 93% of the total number of points available, with 6% 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). Data from 1 April 2014 to 31 March 2015 showed the practice was an outlier for QOF one clinical target:

- The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) for the practice was 0.15 compared to the CCG average of 0.35 and the national average of 0.63). Staff told us the practice population was relatively young and predominantly Asian non-smokers, and that COPD had been proactively managed at a lower level. These factors explained the lower prevalence.

The practice was not an outlier for any other QOF clinical target:

- Performance for diabetes related indicators was 90% compared to the CCG average of 87% and the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 86% compared to the CCG average of 81% and national average of 93%.

- Performance for mental health related indicators was 89% compared to the CCG average of 87% and national average of 93%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored. For example, the practice had checked how many patients with metformin tablet controlled diabetes were using blood glucose testing strips. In the first cycle the practice was the highest prescriber of blood glucose strips within the CCG at 23%. In the second cycle the practice had reduced its prescribing of blood glucose testing strips to 6%.
- The practice participated in local audits, national benchmarking and peer review. Findings were used by the practice to improve and reduce over use and inappropriate use of antibiotics in order to reduce the spread of antimicrobial resistance. For example, recent action taken as a result included a two cycle audit that demonstrated a reduction from 3% to 1% in broad spectrum antibiotic use.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as health and safety and confidentiality but did not cover safeguarding or infection prevention and control. However, staff told us their induction had covered all of these topics and they demonstrated awareness and an operational understanding at inspection.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis but the notes were limited and did not contain timescales of follow up actions. However, actions required had been followed up and care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 81% and the national average of 82%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were better than CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 88% to 100% (CCG ranged from 82% to 94%), and five year olds from 89% to 100% (CCG ranged from 82% to 94%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups 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.

Fifty of the 52 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 five members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 82% said the GP gave them enough time (CCG average 79%, national average 87%).
- 90% said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%).
- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average 76%, national average 85%).
- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 80%, national average 91%).

- 88% said they found the receptionists at the practice helpful (CCG average 80%, national average 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 on the comment cards we received was also positive and aligned with these views.

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 or better than local and national averages. For example:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%).
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. There were no notices in the reception areas informing patients this service was available but we saw evidence it was used. Staff spoke a range of languages prevalent in the local population including Tamil, Bengali, Malayalam, Hindi, Telugu and some African 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 practices' computer system alerted GPs if a patient was also a carer. The practice had identified 22 of the practice list as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us they knew patients well and several generations of the same family were often registered. They

Are services caring?

said if families had suffered bereavement, the lead GP or a staff member they knew contacted them. This call was

either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Staff told us the lead GP sometimes attended patients' funerals.

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 had a relatively high population of children and working age females and provided child health surveillance and women's health services, including contraception.

- The practice offered extended hours from 6.30pm to 8.00pm every Tuesday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and a hearing loop. Translation services were available but this service was not advertised in the waiting area.

Access to the service

The practice was open between 9.30am and 6.30pm except on Wednesday when it closed at 12.00pm. Appointments were from 9.30am to 11.00am weekday mornings and in the afternoons from 2.00pm to 3.30pm on Monday, 2.00pm to 4.00pm on Tuesday and Friday, and 4.00pm to 6.00pm on Thursday. Extended hours appointments were offered on Tuesday 6.30pm to 8.00pm. Home visits, telephone consultations and online pre-bookable appointments were available. Urgent appointments were also available for people that need them. Patients telephoning for an out of hour's appointment were transferred to the Newham cooperative deputising service. The practice did not have a website but patients were able to book appointments or order prescriptions online via the national online Patient Access portal.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was often and sometimes significantly higher than local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 98% of patients said they could get through easily to the surgery by phone (CCG average 61%, national average 73%).
- 53% of patients said they always or almost always see or speak to the GP they prefer (CCG average 47%, national average 59%).

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

Listening and learning from concerns and complaints

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

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

We looked at two complaints received in the last 12 months and found these were satisfactorily handled in a timely way. For example, where a patient's health had deteriorated after they had not accessed care recommended by a GP, the practice followed up to address the complainant's concerns comprehensively and promptly. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, clinical and non-clinical staff attended training and researched an illness to improve on its identification and management.

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 strategy and mission statement, it was not displayed in the waiting areas but staff knew and understood the values.
- The practice had a strategy but did not have business plans.

Governance arrangements

The practice had overarching governance arrangements which supported the delivery of good quality care, but some reporting and/ or recording systems were not always robust:

- Most arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were effective and required outcomes had been achieved.
- There were weaknesses in some recording or monitoring systems such as staff induction and training, significant events recording and escalation, and documentation for meeting actions and follow up. However, staff demonstrated they had knowledge and skills in accordance with their roles and evidence showed actions identified through significant events and meetings were properly followed up and completed.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.

Leadership and culture

On the day of inspection the partners in the leadership and management team demonstrated they had the experience, capacity and capability to run the practice and ensure high

quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had some 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 and we saw dated lists of attendees.
- 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 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.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the practice had adopted the PPGs suggestion of providing more fixed time GP appointments.

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 staff through staff meetings, appraisals and generally through day to day discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a commitment to continuous learning and improvement at all levels within the practice. Some systems needed strengthening but clinical audit demonstrated quality improvement.