

# Dr Abdel Aziz Abu-Nijaila

## 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 Old Kent Road Surgery on 22 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure all clinical waste bags are tied, labelled and stored in an appropriate area for collection.
- Ensure all sharps bins are labelled and signed when assembled.
- Ensure that patients on the learning disability register have a care plan and have an annual health review.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We saw evidence to show that safeguarding cases were regularly discussed with the multidisciplinary team at practice meetings, practice minutes protected the identity of the patients discussed.
- Risks to patients were assessed and well managed.
- Annual infection control audits were undertaken and we saw evidence that action was taken to address any problems identified.
- All electrical equipment was checked to ensure the equipment was safe to use and we saw evidence to show that all clinical equipment was checked and calibrated
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

### Are services effective?

The practice is rated as good for providing effective services.

Good



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

# Summary of findings

- The practice exceeded some of the annual health targets which had been set by the local GP federation. For example, the practice completed 206 care plans for patients with long term conditions compared to the target of 183 completed care plans.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice provided protected time for training and staff felt supported and encouraged to develop new skills to improve patient services.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients, holistic health assessments for the vulnerable elderly and NHS health checks for patients aged 40–74.

## 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 above others for several aspects of care.
- We observed a strong patient-centred culture.
- Patients said they felt the practice offered an excellent service and staff were caring and treated them with dignity and respect. Ninety-three per cent of patients said they found the receptionists at the practice helpful compared to the Clinical Commissioning Group (CCG) average of 85% and the national average of 87%.
- Eighty-six per cent of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- Eighty-nine per cent of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- Information for patients about the services available was easy to understand and accessible.
- The practice referred patients to a local bereavement counselling service.
- The practice had identified 119 patients as carers (2% of the practice list) and offered them flu jabs, health checks and organised educational meetings for them to attend.
- We saw that staff maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- Practice staff 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 was one of five practices in the CCG piloting a primary care navigator scheme, the practice had negotiated with the CCG for an Early Years clinic to be held on the premises.
- 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.
- Longer appointments were available for patients with more complex needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a daily phlebotomy service, ambulatory blood pressure monitoring and an alcohol and drug misuse service.
- The practice used the disease registers to select and refer patients with long term conditions who may benefit from a six week self management course.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partner encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was active. The practice informed Patient Participation Group (PPG) members of new practice and Clinical Commissioning Group initiatives, involved them in forward planning and encouraged input from them regarding the development and feedback from surveys.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out holistic health assessments on patients who were either over 80 years of age, over 65 and housebound or those over 65 who had not seen the GP for over 16 months. The holistic health assessment was carried out by a nurse either at the practice or in the patient's home and included topics such as continence, eyesight, hearing, dementia, mobility and falls. At the time of the inspection 15% of patients (49) in the target group (326) had received an assessment in the last 15 months.
- Two receptionists had been trained to act as primary care navigators for patients over 65 years of age as part of a Clinical Commissioning Group pilot scheme.
- The practice hosted educational events for patients groups for example a talk by a local carers charity.

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Eighty-six per cent of patients with diabetes had a total cholesterol of 5 mmol/l or less in the preceding 12 months, which is above local and national figures.
- Ninety-three per cent of patients with diabetes had received a foot examination and risk classification in the preceding 12 months, which was above local and national figures.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and a structured annual review to check their health and medicines

# Summary of findings

needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

- The practice selected, referred and encouraged patients with long term conditions to attend a six week self management course commissioned by the local Clinical Commissioning Group.
- Key performance indicators from the local federation were used to improve the outcomes of long term conditions. For example smoking cessation and pre-diabetes screening.
- Seven per cent of the practice population were on a pre-diabetes register. They were offered advice on lifestyle and an annual blood test to check their diabetes status.
- The practice nurse provided smoking cessation advice and an ambulatory blood pressure monitoring service.
- Patients with diabetes were referred to the local DESMOND education programme. This is a national self management group education programme for people with, or at risk of type 2 Diabetes.

## 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 were on the at risk register.
- Immunisation rates were comparable to local and national levels for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Seventy-eight per cent of women aged 25 – 64 were recorded as having had a cervical screening test in the preceding five years. This was comparable to the national and local average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. For example the ante-natal and post-natal service was run in liaison with the community midwifery team.
- To help families with children aged 0-5 years the practice had negotiated for an Early Start clinic to be available at the surgery.

Good





# Summary of findings

The first session was booked for the beginning of August 2016 and will cover problems such as fussy eating, toilet training, behavioural and sleep problems. The GPs and health visitor will refer directly to this service.

- The practice offered a sexual health clinic and routinely offered Chlamydia testing.

## 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.
- Telephone appointments were offered to improve access for working age people.
- Text messages were sent to patients to remind them of their appointment and to promote and encourage the uptake of services such as cervical cytology.
- The practice offered Human Immunodeficiency Virus screening as part of the new patient health check.
- The practice had completed 258 health checks for patients aged 40-74 in the last 15 months, this is 17% of the target group.

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 those with a learning disability. Homeless people are registered at the practice as temporary patients.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example multidisciplinary team meetings were held with the health visitor, palliative care team from the local hospital and the district nurses.
- 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.
- Safeguarding cases were regularly discussed at practice meetings with the whole team.
- The practice provided an on site drug and alcohol service in liaison with health workers from the Clinical Commissioning Group service for alcohol and substance misuse. The practice stated that having a service based at the practice reduced the stigma associated with attending the hospital based service and therefore improved attendance rates.
- The practice had identified the top 2% of patients at risk of unplanned admission and had completed a care plan for each of these patients.

## 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).

- Ninety-five per cent of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the last 12 months, which was above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A clinical psychologist from the local mental health service provided a service once a week offering cognitive behavioural therapy in the practice setting

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. Four hundred and eleven survey forms were distributed and 86 were returned. This represented 1% of the practice's patient list. The results showed the practice was above local and national averages.

- 80% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 88% 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 25 comment cards which were all positive about the standard of care received. The patients commented on how they felt cared for, listened to, reassured and respected.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They reported that it was easy to get an appointment, were offered a choice when referred to other services and that healthy living and positive management of long term conditions was promoted. All four patients spoke of the reassurance, care and support they received from the whole practice team.

The latest data for the friends and family test showed that only seven patients took part in the survey in May 2016, four of these patients stated that they were likely or very likely to recommend the service, one patient was very unlikely to recommend the service and two patients didn't know whether they would or not.

# Dr Abdel Aziz Abu-Nijaila

## 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 manager specialist adviser.

## Background to Dr Abdel Aziz Abu-Nijaila

Old Kent Road Surgery is based at 182–184 Old Kent Road, Southwark, London SE1 5TY. The premises has direct pavement access from Old Kent Road, a busy main road. The practice is accessible for people with limited mobility and those who use a wheelchair with an access ramp at the front entrance automatic double front doors, an accessible toilet, wide corridors, ground floor facilities and a reception desk that can be accessed by wheelchair users. The waiting room has space to accommodate wheelchairs and mobility scooters. The practice is served by a number of local bus routes. There are no disabled parking facilities.

Old Kent Road Surgery has a sole partner who is the lead GP, one salaried GP and three long term locum GPs (one female and four male) providing a total of 22 sessions per week. There are three practice nurses, two female and one male who provide 12 sessions per week. The practice employs a full time practice manager and four receptionists/administrators, two of whom also work as primary care navigators. The practice is registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

The practice is open between 8.00am and 7.45pm Monday and Thursday and from 8.00am and 6.45pm Tuesday, Wednesday and Friday. It is closed Saturday and Sunday. Appointments are from 9.00am to 12.20pm and from 2.40pm to 6.00pm. Extended hours appointments are available on Monday and Thursday from 6.30pm to 7.30pm. Appointments can be booked up to six months in advance with a male or female doctor, urgent same day appointments, telephone appointments and home visits are available. Appointments can be booked by phone, online or by visiting the surgery. The practice also arranges appointments at a local health service hub where a GP is available from 12.00pm to 8.00pm on a Monday and from 8.00am to 8.00pm Tuesday to Sunday.

When the practice is closed arrangements are in place for patients to access medical care via a local out of hours provider. The telephone number for the out of hours provider is found on the front page of the practice leaflet, on the practice website and is also recorded as a message on the practice telephone system.

The practice has a list size of 7000 patients. It serves an area with a high level of deprivation and has a diverse multi ethnic diverse population. The main groups of patients are black African, black Caribbean, white English and Arabic, with a fast growing population of South Americans. The main languages spoken are English, Spanish and Arabic. There is a higher than average number of working age patients and children under ten years of age registered at the practice when compared to national averages. There is a significantly lower number of registered patients over the age of 55. There is a 20% annual turnover of patients each year indicating a very mobile population group.

Old Kent Road Surgery has not been previously inspected by the CQC.

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 June 2016. During our visit we:

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

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Minutes of practice meeting showed that incidents were discussed and action taken to prevent the same thing from happening again.
- 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 had a comprehensive significant events policy and carried out a thorough analysis of the significant events. We saw evidence of six significant events, an analysis of the issues to be discussed and learning point obtained. We saw practice meeting minutes to show that these actions had taken place. For example, in September 2015 a vaccine fridge failed to maintain the correct temperature over a bank holiday weekend as a result of flooding within the building. The flooding was caused by nearby building works. All vaccines were removed, counted, photographed and destroyed as clinical waste. The practice insurance company was notified and a new vaccine fridge and supply of vaccines were ordered. The practice sought legal advice from the local council and the insurance company regarding damages. The practice recorded this as a significant event and discussed it at a team meeting. They agreed that that they had responded correctly under the circumstances.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. All alerts were distributed to the whole practice team by the practice manager, we saw evidence to show

that they were discussed at practice meetings and that lessons were shared and action was taken to improve safety in the practice, for example, an alert highlighting the risk of skin rashes associated with oak processionary moth.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff reported that contact details for the Clinical Commissioning Group (CCG) safeguarding team were readily accessible in the reception area and on the computer system. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3, administrative staff were trained to child safeguarding level 1. We saw evidence to show that safeguarding cases were regularly discussed with the multidisciplinary team at practice meetings, practice minutes protected the identity of the cases discussed. The practice had hosted a safeguarding training event run by the CCG safeguarding team.
- 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. Cleaning schedules were in use and the practice manager had monthly monitoring meetings with the cleaning contractor. We observed the

## Are services safe?

premises to be generally clean and tidy although it was in need of redecoration. The practice had submitted an application for funding to refurbish the disabled toilet and renew the flooring on ground floor level.

- The practice nurse and lead GP were the infection control clinical leads 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 the practice had organised on site training from the local public health service. We observed that the main secure storage container for clinical waste was kept in the cleaning cupboard, not all waste bags in the bin were labelled. The practice recognised that this space for storage was not ideal but necessary given the outside restrictions of the property. Several of the sharps bins observed had not been signed and dated. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result, for example new bins were purchased to ensure that all clinical waste bins were pedal operated.
- 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 in a locked cabinet and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a GP). These had been signed by the lead GP and the nurses.
- The practice kept patient information safe by ensuring staff used smart cards and logged off computers when not in use. All consulting rooms had coded locks for entry and each night the administrative staff carried out

a room check to ensure that all patient notes had been returned and filed and patient identifiable information was stored safely. Medical records were stored in locked fireproof cupboards.

- The practice had a robust recruitment policy. We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and we saw evidence that fire drills were carried out every six months. All electrical equipment was checked to ensure the equipment was safe to use and we saw evidence to show that all clinical equipment was checked and calibrated. The latest checks were carried out in October 2015. The vaccine fridge temperature was monitored twice a day and was within the permitted range. All vaccines were checked daily to ensure that they were in date. 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. The GPs provided cover for each other and where possible tried to avoid the use of locums for short term cover.

### 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



## Are services safe?

which alerted staff to any emergency. A Closed Circuit Television system had been installed in the reception/ waiting room, on the stairs to the first floor and also at various points outside the building. Signs stating CCTV in operation were present on the ground and first floor walls & noticeboards and at the entrance to the practice. A panic alarm system was installed in all the clinical rooms and the reception area and alerted the police should there be a serious threat to the safety of patients or staff.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A system was in place to regularly check their working status. A first aid kit and accident book were available. A spillage kit was kept in reception and staff were aware of how to use it.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date, incoming alerts were circulated to all staff. We saw evidence to show that they were included on the agenda at the next practice meeting to discuss the required actions. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and 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 98% of the total number of points available which is comparable to the national average of 95%.

Exception reporting for dementia was high at 21% in comparison to the Clinical Commissioning Group (CCG) average of 5%. The practice told us there were 11 patients on the dementia register and a small number of these patients did not attend their appointments which caused a large difference in exception rates.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was above the national average. Data showed 86% of patients with diabetes had a total cholesterol of 5 mmol/l or less in the preceding 12 months, which was above local and national figure of 80%, and 93% of patients with diabetes had received a foot examination and risk classification in the preceding 12 months, which was above the local average of 85% and national average of 88%.

- Performance for mental health related indicators was above the national average. Data showed 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84% and 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive care plan documented in the last 12 months, which was above the national average of 88%.

The practice's expected prevalence of coronary heart disease (CHD) was 0.47 compared to 0.52 for the CCG. Staff told us that as a practice with a large proportion of young people and a very small proportion of older people it would have an even lower reported prevalence of CHD than the age adjusted CCG figure.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits carried out in the last two years, one of these was a two cycle audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken included the review of the use of a "no or delayed use of antibiotics strategy" in the treatment of respiratory tract infections. The practice compared their prescribing rate of antibiotics to local standards, implemented a change in strategy and reaudited eight months later to show an improvement.
- The practice participated in local audits, national and local benchmarking, accreditation and peer review.

The practice worked within a federation made up of 23 other local practices. The federation set its own key performance indicators to encourage practices to make improvements. Targets were set in areas such as screening for pre-diabetes, care plans for long term conditions, smoking cessation and completion of holistic health assessments for over 65s. The practice exceeded the target in each area, for example the practice completed 206 care plans for patients with long term conditions compared to the target of 183.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw an example of completed induction programme documentation which had been signed off by the practice manager.
- The practice provided protected time for training and staff felt supported and encouraged to develop new skills to improve patient services. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. A number of courses were available from the local Clinical Commissioning Group (CCG), for example asthma and Chronic Obstructive Pulmonary Disease training. The practice manager informed the nurses about these courses and arranged protected time for them to attend. Two of the receptionists had been encouraged and supported in developing their skills as primary care navigators by giving protected time for learning and by the practice manager organising ongoing support from an external agency.
- 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, discussion at practice meetings and by attendance at CCG and Local Medical Committee training events for immunisation updates.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Nurses received a 360 degree appraisal with the practice manager and partner. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months where training needs had been discussed. A part time practice nurse working four sessions a week stated that he had been given protected time to complete training for his revalidation and his request for support to attend a nurse prescribing course in 2017 had been approved by the provider.

- All staff received training that included: safeguarding, fire safety awareness, basic life support, information governance and the mental health capacity act. Staff had access to and made use of e-learning training modules and in-house training.
- All staff were offered annual influenza vaccinations. The practice recorded the hepatitis B status of all clinical staff and those handling clinical waste and arranged hepatitis vaccination as necessary.

### 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. All incoming test results, discharge and outpatient letters were scanned and workflowed to the GPs who then either actioned the task themselves or issued tasks to the administrative team as appropriate. The lead partner ensured that all actions were completed in a timely manner. All faxes were sent to the duty doctor who actioned accordingly. We observed that there were no outstanding actions on the day that we visited.
- The practice shared relevant information with other services in a timely way, for example an online information system was used to inform the out of hours service about terminally ill patients or those with acute medical problems.

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

### Consent to care and treatment

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

# Are services effective?

## (for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on smoking, alcohol cessation or substance misuse were signposted to services within the practice.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the Clinical Commissioning Group (CCG) average of 80% and the national average of 82%. There was a policy to offer text, telephone and written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in English, Spanish and Arabic and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- The practice's uptake for the breast screening programme was 52%, which was below the CCG average of 61% and the national average of 72%. The practice's uptake for the bowel cancer screening programme was 33%, which was below the CCG average of 44% and the national average of 58%. Both types of screening programmes were organised and coordinated nationally and not by the practice, however the practice did not follow up patients who did not attend appointments. The practice had a high patient turnover of 20% making contact by letter difficult and a proportion of their population did not have English as their first language.
- The practice had 11 patients on its learning disability register however it had not completed any care plan reviews for these patients in the last 12 months.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 81% and five year olds from 93% to 80%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, holistic health assessments for the vulnerable elderly and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice offered a wide variety of health related leaflets for patients which were available in the waiting area. These included information on smoking cessation, memory loss, self management of disease, cancer, safeguarding and caring.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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 that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs. A poster at the reception desk advertised this facility to patients.

All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with five members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We looked at 5 care plans and saw that they were personalised and comprehensive and that the practice used a standard template.

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 81% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the Clinical Commissioning Group (CCG) average of 76% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the Clinical Commissioning Group (CCG) average of 80% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing

## Are services caring?

patients this service was available. Information about the practice was publicised on the outside of the premises, the practice name was written in Spanish and Arabic.

- Information leaflets were available in easy read format.
- The website had a facility to translate information into many different languages.

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

Information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice referred patients to a local bereavement counselling service.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 119 patients as carers (2% of the practice list). A text was sent to all patients with a mobile telephone number recorded to encourage all carers to join the carers' register so that they could access the services available. The practice provided influenza vaccinations to carers, 30 carers had received a health check in the last 12 months. The practice had also arranged education events for patients, this included a presentation by a local charity that provided support services for carers. The practice sent a text to all carers on the register to invite them to the event. Written information was available to direct carers to the various avenues of support available to them.

# 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 was one of five practices in the CCG piloting a primary care navigator scheme, the practice had negotiated with the CCG for an Early Years clinic to be held on the premises.

- The practice offered a 'Commuter's Clinic' on a Monday and Thursday evening from 6.30pm until 7.30pm for working patients who could not attend during normal opening hours.
- Longer appointments were available for patients with more complex needs for example patients with a learning disability, on the mental health register, with long term conditions and those who had admission avoidance care plans. Longer appointments were also available to patients receiving a holistic health assessment.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice displayed monthly non-attendance rates in the waiting area to try to encourage patients to cancel their appointment if not needed.
- A text messaging service was used to remind patients of their appointments and to promote and encourage the uptake of services such as cervical cytology.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately, this included rabies, Japanese encephalitis and hepatitis B. The practice was registered as a yellow fever vaccination centre.
- The practice offered a daily phlebotomy service, ambulatory blood pressure monitoring and an alcohol and drug misuse service. A clinical psychologist held weekly clinics at the practice, an Early Start clinic for 0-5 year olds had been organised starting in August 2016.
- There were disabled facilities including a disabled toilet and automatic double width front doors. A portable

ramp was available to wheelchair users to enable them to negotiate a small step at the front entrance. The practice had undergone a disability access assessment in May 2016. All criteria were approved with the exception of a hearing loop.

- The practice had an informative website which listed practice services and how to access them, gave health advice, results of practice surveys including the friends and family test, information about how to make a complaint and details of public transport to the practice. The website had the facility for translation into other languages.
- Patients could access online services such as repeat prescriptions and appointments. There was also the facility to complete surveys and change their contact details. Eight per cent of the practice population had registered for online services.
- The practice staff were fluent in a wide range of languages. Clinical staff spoke Arabic, German, Luganda, Russian, Igbo, Romanian and Yorba. Non-clinical staff spoke Spanish, Portuguese, Bengali and Hindi.
- An information leaflet explaining the registration process was available in Spanish.
- External translation services were available and frequently used.
- The practice manager made herself available to patients by offering a short advisory clinic with three pre-bookable appointments per week. Patients were encouraged to use these appointments to discuss general issues and queries.
- Two receptionists had been trained as primary care navigators to support patients over 65 years of age.
- The practice used the disease registers to select and refer patients with long term conditions who may benefit from a six week self management course. The practice referred diabetic patients to the DESMOND education programme, a national self management education programme for people with, or at risk of Type 2 Diabetes.
- Joint injections were available at the practice.

### Access to the service

The practice was open from 8.00am to 6.45pm Tuesday, Wednesday and Friday and from 8.00am to 7.45pm Monday and Thursday. Appointments were from 9.00am to 12.20pm every morning and 2.40pm to 6.00pm daily. Extended hours appointments were offered from 6.30pm to 7.30pm on a



# Are services responsive to people's needs?

## (for example, to feedback?)

Monday and Thursday. In addition to pre-bookable appointments that could be booked up to six months in advance, urgent appointments and telephone appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 78% and the national average of 78%.
- 80% of patients said they could get through easily to the practice by phone compared to the Clinical Commissioning Group (CCG) average of 73% and the national average of 73%.

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

The practice had a system in place to assess:

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

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Requests for home visits were put onto an appointment system to alert the duty doctor who rang the patient directly to make a clinical decision as to whether a home visit was required. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. If reception staff had any concerns regarding the urgency with which a patient was seen they would refer directly to the duty doctor. For example, a 56 year old male presented at reception with profuse sweating and chest pains. The receptionist

immediately called the duty doctor who then requested an emergency ambulance and waited with the patient in a consulting room until the ambulance arrived. The patient was treated in hospital for a suspected heart attack.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Complaints posters were in both waiting areas, there was a comprehensive complaints leaflet for patients, staff had a clear understanding of the complaints process.

We looked at four complaints received in the last 12 months and found that they were all handled with openness and transparency and in a timely way. Lessons were learnt from individual concerns and complaints and also from the analysis of trends, action was taken as a result to improve the quality of care. For example, a patient complained that they were unhappy with the timekeeping of GPs. The practice investigated and found that there were a number of occasions when the patient had been kept waiting more than 20 minutes. As appointments tended to run late patients were also turning up late. The practice strongly encouraged all clinicians to run to time and with every text appointment reminder there was a message to ask patients to arrive 5 minutes early. The practice apologised to the patient who complained and informed them of the changes being made. The practice discussed the complaint and used it for reflection and learning.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed prominently on the practice leaflet, at the reception desk and on each consulting room door. It was also on their website. Staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained, and performance was discussed at practice meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included training for all staff on communicating with patients about notifiable safety incidents. The partner encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us there was a combined practice and clinical meeting every two weeks and included members of the multidisciplinary team. Administrative team meetings were held weekly. Staff members who could not attend the meetings were sent minutes and the practice manager spoke with individuals regarding areas of specific importance.
- 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 by the practice manager and lead GP. All staff were involved in discussions about how to run and develop the practice and implement more efficient processes. Practice minutes showed that the lead partner offered praise and appreciation to his team.

### 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 consisted of eight active members. They met every two to three months with the lead GP, practice manager and lead receptionist to discuss practice performance and



# Are services well-led?

Good 

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

any concerns. The practice encouraged PPG members to attend workshops, shared information with them regarding CCG locality meetings and gave presentations to them on new practice initiatives or changes, for example a presentation to explain the NHS complaints procedure. They also encouraged the PPG to get involved with forward planning and held a brainstorming meeting with them to discuss the plan for the next five years. The PPG members were involved in developing patient surveys and submitted proposals for improvements to the practice management team. For example, they were invited to review the results of a patient survey they had helped to develop. They identified areas for improvement which included increasing the practice phlebotomy service to a daily service. We observed that a poster displaying an agreed action plan was displayed in the waiting area.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and

engaged to improve how the practice was run. For example, a member of the reception team raised an issue regarding the delegation of administrative duties. Following a meeting with the practice manager and administrative staff it was agreed that duties would be allocated on a rotational basis. This decision was reviewed after six months, and the team agreed that it was a positive change.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was involved in a CCG pilot scheme to employ primary care navigators to signpost patients over 65 years to services that could help with safe and independent living. Two members of the reception team had attended training for this role and also received ongoing supervision and support from an external independent living organisation.