

Dr Nabila Khan (London Road Medical Centre)

Quality Report

Cavendish House
515 London Road
Croydon
CR7 6AR

Tel: 020 8684 2161

Website: www.londonroadmedicalpractice.nhs.uk

Date of inspection visit: 05/09/2016

Date of publication: 26/10/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Nabila Khan (London Road Medical Centre)	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Nabila Khan (London Road Medical Centre) on 5 September 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 and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure the recently acquired automated external defibrillator (AED) is included in a schedule for electrical and medical equipment checks in line with guidance.

Summary of findings

- Ensure there is an effective system to track blank prescriptions through the practice in line with national guidance.
- Ensure recommendations from the fire risk assessment are carried out.

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.
- Although risks to patients were assessed and well managed, on the day of our inspection the practice did not have access to an automated external defibrillator (AED) to be used in a medical emergency. After the inspection, the practice provided evidence that one had been purchased.

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 comparable with national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice comparable to others for aspects of care. For example, 83% of patients said the GP was good at listening to them (CCG average 87%; national average 89%) and 90% of patients said they had confidence and trust in the last GP they saw (CCG average 94%; national average 95%).

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.

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.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- 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 doctors encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Those on the 'at risk of admission' registrar were offered appointments on the same day.

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 comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 75% (national average 78%) and the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 79% (national average 78%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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.

Good



Summary of findings

- Immunisation rates for all standard childhood immunisations were comparable with CCG and national averages. The practice had a system in place to follow-up on any children not attending for immunisations.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was above the national average (practice 89%, national 75%).
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Appointments for under five-year-olds were available on the day.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours clinics on Wednesday from 6.30pm to 8pm for working patients who could not attend during normal opening hours. The practice also offered appointments between 1.30pm and 3pm following feedback from a patient survey regarding access mid-day.

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.
- The practice offered longer appointments for patients with a learning disability and health checks were carried out by a GP with a learning disability special interest.
- There was an alert on the clinical system for all patients with enhanced needs such as a disability, impairment or sensory loss to enable staff to appropriately manage their care.

Good



Summary of findings

- There were systems in place to follow up on A&E attendances, ambulance call outs and 111 reports of high risk, vulnerable patients and those who may have been experiencing poor mental health.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 89% (national average 88%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 84% (national average 84%).
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had allocated each patient on its dementia registrar with a named 'buddy' from the administration team to help make appointments, arrange transport and enabled patients to have familiarity and consistency.
- The practice had a dedicated GP who undertook a weekly ward round at a nursing home which provided dementia care. The practice shared with us an audit that showed proactive and regular case management and support of the nursing home team had resulted in a reduction in hospital admission for its residents.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. Three hundred and thirty-four survey forms were distributed and 111 were returned. This represented a 33% response rate and 2% of the practice's patient list. The results showed the practice was performing in line with local and national averages for some responses and below for others. For example,

- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 67% of patients found it easy to get through to this practice by phone compared to the CCG average of 73% and the national average of 73%.
- 63% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 55% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

However, the practice told us the results had been an improvement on the national GP patient survey

published in January 2016. For example, at that time only 55% of patients found it easy to get through to this practice by phone (CCG average 73%; national average 73%) and only 51% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 75%; national average 79%). The practice shared with us an internal patient questionnaire due to be undertaken in September with the assistance of the PPG for a two-week period. Some of the questions replicated those of the national GP patient survey to attempt to gather more feedback on the results which were below local and national averages.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received.

We spoke with 13 patients during the inspection. All 13 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Ensure the recently acquired automated external defibrillator (AED) is included in a schedule for electrical and medical equipment checks in line with guidance.
- Ensure there is an effective system to track blank prescriptions through the practice in line with national guidance.
- Ensure recommendations from the fire risk assessment are carried out.

Dr Nabila Khan (London Road Medical Centre)

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 an Expert by Experience.

Background to Dr Nabila Khan (London Road Medical Centre)

Dr Nabila Khan (London Road Medical Centre) is located at Cavendish House, 515 London Road, Croydon, CR7 6AR and operates from a converted detached house with access to four consulting rooms on the ground floor. The first floor is for staff only and is accessed by stairs.

The practice provides NHS primary care services to approximately 5,800 patients living in the Croydon area through a Personal Medical Services (PMS) contract (an alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice is part of Croydon Clinical Commissioning Group (CCG) which consists of 61 GP practices.

The practice population is in the third most deprived decile in England (one being most deprived and 10 being least deprived). People living in more deprived areas tend to have a greater need for health services.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services; family planning and minor surgery.

The practice staff comprises of one principal female GP, one male salaried GP and two long-term locum GPs (totally 27 sessions per week), two part-time practice nurses (equal to one whole time equivalent), one part-time healthcare assistant, a full-time practice manager, two administrators and six receptionists.

The practice is open 8am to 6.30pm Monday to Friday. Extended hours are provided on Wednesday from 6.30pm to 8pm.

The practice provides a range of services including childhood immunisations, chronic disease management, sexual health, cervical smears and travel advice and immunisation.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111.

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.

Detailed findings

The practice has not been previously inspected.

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 5 September 2016. During our visit we:

- Spoke with a range of staff (principal GP, locum GPs, practice manager, practice nurses, healthcare assistant 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had a written significant event procedure and the principal GP was the lead. Significant events were discussed at monthly clinical meetings which included a review of all new cancer diagnoses and patient deaths including those on the end of life care register.
- The practice carried out a thorough analysis of all significant events, both positive and negative, and had recorded 10 in last 12 months. For example, the practice had reviewed each stage of its response to assist a patient who had collapsed and concluded the procedure had been followed appropriately.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had reviewed safety and security of its clinical areas following an incident where a patient had accessed a room unaccompanied. All staff were reminded that consulting rooms must be locked when not in use. We saw evidence that the locum doctor information pack had been updated to include this.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice maintained a register of vulnerable children and adults and demonstrated an alert system on the computer to identify these patients. All staff we spoke with were aware of this system. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, the practice nurses and the healthcare assistant were trained to child safeguarding level 3.
- A notice in the waiting room and consulting rooms 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). All staff we spoke with were aware of their responsibilities as a chaperone and where to stand to observe the procedure.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The principal GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. All staff we spoke with knew the location of the bodily fluid spill kits and had access to appropriate personal protective equipment when handling specimens at the reception desk.
- An annual infection control audit had been undertaken by the practice in April 2015 and an external infection control audit by the local infection control team in November 2015. We saw evidence that action was taken to address any improvements identified as a result. For example, fabric-covered chairs in the consulting rooms were replaced with wipeable and impermeable material-covered chairs.

Are services safe?

- 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. The practice utilised prescribing optimisation software which interfaced with the practice's clinical system to ensure safe and appropriate prescribing. Blank prescription forms were securely stored and box serial number were logged. However, there was no system in place to track them through the practice. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). These were signed by the practice nurses and lead prescriber.
- 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.

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 the local health and safety representative.
- There was a fire procedure in place and we saw evidence that all fire extinguishers were maintained. Fire evacuation drills were undertaken quarterly and we saw a log of these. All staff we spoke with knew the location of the fire evacuation assembly point. At the time of our inspection, not all staff had completed fire training. However, the practice had organised training the week after our inspection for the whole team and forwarded evidence of its completion after the inspection. The practice had smoke detectors throughout the building

but did not have a fire alarm system in place. The fire risk assessment undertaken in July 2016 by an external company had recommended the practice considered a means of alerting people in the building to a fire as part of the action plan. The practice told us they were obtaining quotes for the installation of a fire alarm system.

- Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment and equipment used for patient examinations. We saw evidence of calibration of equipment used by staff was undertaken in August 2015 and was scheduled to be re-checked the week of our inspection. We saw that portable electrical appliances had been checked in June 2016.
- A Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment had been undertaken in February 2016.
- 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

Although the practice had arrangements in place to respond to emergencies and major incidents it did not have access to an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). The practice had previously undertaken a risk assessment and concluded that due to the close proximity of the local A&E hospital (across the road) that an AED was not required. However, the practice reviewed this and provided evidence two days after our inspection to confirm that an AED had been purchased.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice sent evidence after the inspection that up-date basic life support training which included training with the newly procured AED had been undertaken.

Are services safe?

- Oxygen with adult and children's masks was available. A first aid kit and accident book were available in the reception back office. Two non-clinical members of staff were trained first-aiders.
- 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 which included a 'buddy' system with a local practice. The plan included emergency contact numbers for staff. We saw evidence that the plan was reviewed annually and had been tested in a real-time situation.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 97% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 75% (national average 78%) and the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 79% (national average 78%).
- Performance for hypertension (high blood pressure) was comparable to the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 87% (national average 84%).
- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 89% (national

average 88%) and the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 84% (national average 84%).

- The practice had noted that the ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) was low compared to other practices in Croydon (practice 27%; CCG 35%). The practice had engaged with the data quality team and utilised data quality software to analyse patient records to identify potential COPD patients. The practice subsequently worked with the CCG respiratory team to review, diagnose and manage its patients. Data showed that the percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 96% (CCG average 92%; national average 90%).

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years which included CCG-led prescribing incentive audits. Two of the six audits were two-cycle audits where improvements made were implemented and monitored. For example, an audit of hospital admission rates from a nursing home for vulnerable patients had seen a reduction in avoidable admissions from 12 to 4 in a comparable period following the introduction of a weekly ward round by a dedicated GP which included regular health assessments, medication reviews and support and guidance to the nursing home staff.
- The practice had adopted the Royal College of General Practitioners (RCGP) March 2016 guidance on quality improvement activities which formed part of the revalidation and appraisal process. The practice felt reflective reviews in real time were valuable and effective.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

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 infection prevention and control, fire safety, health and safety first aid, location of emergency equipment and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff reviewing patients with long-term conditions had received training in asthma, COPD and diabetes.
- 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 training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff had access to and made use of e-learning training modules and in-house training. Staff received training that included: safeguarding, basic life support and information governance. At the time of our inspection not all staff had completed fire safety awareness training. However, the practice sent evidence after the inspection that training for the whole team had been undertaken.

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 pathology results were communicated by a doctor to the patient by telephone. The practice told us this enabled patients to ask questions directly to the clinical team and to coordinate follow-up care.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice maintained a register of its two-week wait referrals and contacted patients to ensure they had received an appointment.
- The practice monitored did not attend (DNA) notifications from secondary care referrals for children, the elderly and vulnerable patients and contacted the patients who had missed appointments.
- The practice used an IT interface system (GP2GP) which enables patients' electronic health records to be transferred directly and securely between GP practices. This improves patient care as GPs will usually have full and detailed medical records available to them for a new patient's first consultation.

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.

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 (MCA) 2005. All doctors had undertaken MCA training.
- 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:

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation were signposted to the relevant service.
- Smoking cessation advice was available from the local pharmacy.
- The practice had allocated each patient on its dementia registrar with a named 'buddy' from the administration team to help make appointments, arrange transport and enabled patients to have familiarity and consistency.
- The practice had a dedicated GP who undertook a weekly ward round at a nursing home which provided dementia care. The practice shared with us an audit that showed proactive and regular case management and support of nursing home team caring for this vulnerable group of patients had resulted in a reduction in hospital admissions for avoidable causes for its residents.
- There was an alert on the clinical system for all patients with enhanced needs such as a disability, impairment or sensory loss to enable staff to appropriately manage their care.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer letter reminders for patients who did not attend for their cervical screening test. 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.

- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 72% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% 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 patients this service was available, including access to British Sign Language (BLS).
- Several members of the practice staff spoke other languages, for example Hindi, Tamil, Sylheti and Gujarati.

Are services caring?

- Information leaflets were available in easy read format and available in other languages reflective of the patient population.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice actively identified carers and had recorded 229 on its clinical system (4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their allocated GP contacted them and if appropriate sent a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. The practice reviewed all patient deaths and there were systems in place as part of the review to ensure all administrative systems were updated and relevant multi-disciplinary care teams advised.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours clinics on Wednesday from 6.30pm to 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available including access to British Sign Language (BLS).
- The practice offered a baby changing facility.
- Several members of the practice staff spoke other languages, for example Hindi, Tamil, Sylheti and Gujarati.
- The practice website had the functionality to translate to other languages.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am, 1.30pm to 3pm and 4pm to 6.30pm. Extended hours appointments were offered on Wednesday from 6.30pm to 8pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice operated a system for urgent on-the-day appointments where a doctor would call the patient and triage appointments on urgency and need.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were variable with some results comparable and some below local and national averages. For example,

- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 78%.
- 67% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. This was echoed in the national GP patient survey where 81% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%; national average 85%).

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.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 including a poster in the waiting room and details in the practice leaflet.

We looked at eight complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.

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 and staff knew and understood the values.
- The practice had a strategy and supporting business plan which reflected the vision and values.

Governance arrangements

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

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

Leadership and culture

On the day of inspection the doctors in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the doctors 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 doctors 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 that had named members of staff in lead roles. For example safeguarding, significant events and complaints.

- Communication across the practice was structured around key scheduled meetings which included monthly clinical meeting and team meetings. Specifically, the practice held a weekly Monday morning team briefing which enabled important information to be cascaded to all staff in a timely manner. All meetings were minuted and shared with staff.
- 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.

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), surveys, Friends and Family Test (FFT), NHS Choices and comments and complaints received. The practice undertook its own annual internal survey. An outcome as a result of a previous survey was the introduction of clinical appointments between 1.30pm and 3pm to accommodate patients who can only attend mid-day. At the time of our inspection the practice shared with us a survey questionnaire they were due to undertake for a two-week period in September. It was planned that members of the PPG would help promote the survey in the waiting room.
- The practice had an active PPG which met quarterly. The group were currently trying to recruit more members.

Are services well-led?

Good 

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

- The practice produced a monthly 'Practice News' newsletter for patients.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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.