

# Dr Samra Yasin

## Quality Report

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Samra Yasin on 12 December 2014. Overall the practice is rated as Good.

Specifically, we found the practice to be good for providing safe, effective, caring, responsive and well-led services. It was also good for providing services for older people, people with long-term conditions, families, children and young people, working age people (including those recently retired and students), people living in vulnerable circumstances, and people experiencing poor mental health (including people with dementia).

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice was proactive in working with other providers to improve outcomes for patients. For example the practice nurse trained community nursing staff to provide spirometry testing to support patients in the community. Spirometry is a test given to measure a patients breathing capacity.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information and independent testing for blood pressure and weight management was available to help patients understand the care provided to them.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from patient surveys.
- 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.
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place, was monitored and regularly reviewed and discussed with staff. High standards were promoted by practice staff with evidence of team working across all roles.
- The practice had emergency medicines available and stored separately according to age to ensure in an emergency time was not lost calibrating the dose of medication for the age of patient.
- The lead GP supported patients registered at the practice over the age of 90 by visiting at least two or

# Summary of findings

three opportunistically each week to check they were well. Staff at the practice confirmed the lead GP asked for patient names to be added to her visit list each week.

**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. The practice incident recording, analysis and investigation processes followed a strong and consistent pathway that was learning based and showed commitment to safety procedures. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice used every opportunity to learn from internal and external incidents, to support improvement. Information about safety was highly valued and was used to promote learning and improvement. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. Each incident was risk assessed and graded for severity. There were enough experienced well trained staff to keep patients safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate for their roles and any further training needs had been identified and appropriate training planned during appraisals to meet these needs. There was evidence all staff had been given appraisals and personal development plans. Staff worked and communicated collaboratively with multidisciplinary teams to optimise patient outcomes.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. We observed a patient-centred culture. Staff were motivated to offer kind and compassionate care and worked to overcome obstacles to achieve this. We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on. Views of external stakeholders were very positive and aligned with our findings. They also told us the GPs always visited patients when they requested it, and the practice nurse gave the community health care providers some extra training on spirometry testing. The healthcare providers said this was supporting the practice patients in the community.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The patients we spoke with said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had suitable 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 that the practice responded quickly to issues raised. Other healthcare professionals visiting the practice on the day of our inspection told us the GPs would always speak with them personally about their patients to deal with treatment issues.

Good



## Are services well-led?

The practice is rated as good for being well-led. The practice had a clear vision with quality and safety as a high priority. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings to keep staff updated. There were systems in place to monitor and improve quality and identify risks. The practice proactively sought feedback from staff and patients, which it acted on to improve patient experience and outcomes. Staff had received inductions, regular performance reviews and attended staff meetings and regular training.

Good



# Summary of findings

## What people who use the service say

During our inspection we spoke with a range of staff for example the GPs, practice nurse, administrative staff and reception staff. We also spoke with six patients who used the service. They were all very complimentary with regards to the staff attitude towards them, the cleanliness of the facilities and the service overall. We reviewed 18 comment cards where patients and members of the public shared their views and experiences of the service. All the comment cards we received gave very positive comments with regards to the service, GPs and practice staff.

We also had the opportunity with speak with two healthcare professionals visiting the practice and asked their opinion about the service the practice provides. They both told us that the practice staff worked as a real

team that any communications or requests they made always were actioned or passed to the GPs. They told us that if they requested the GPs to give a patient a home visit they were never questioned, and they felt respected as the GPs always went on the home visit.

They also told us that the practice nurse had given them some spirometry training to test and support patients in the community. Spirometry is a test given to understand a patients breathing capacity. They said they had a good working rapport with the administrative and clinical staff at the practice and were confident when requesting work to support patients in the knowledge that it would be done. We were also told they were invited to the multidisciplinary meetings at the practice and encouraged to get involved.

# Dr Samra Yasin

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector; they were accompanied by a GP specialist advisor and a practice manager specialist advisor.

### Background to Dr Samra Yasin

Dr Samra Yasin practice is a female single handed GP located at Darenth Lane South Ockendon Essex. The practice provides services to approximately 3600 patients living in the local area and holds a General Medical Services (GMS) contract.

The practice is supported by a regular locum GP, a practice nurse, a practice manager, and administrative and reception staff. There is also access to a health visitor, district nurse, midwife and counsellors. The names of these healthcare professionals appear in the practice leaflet to allow patients to request care from the same person and receive consistent care.

The practice is open Monday, Tuesday, Wednesday, and Friday; from 8.30am until 6pm and Thursday 8.30am until 1pm. Consultation appointments were available starting at 9am until 12noon and 4pm until 5:30pm Monday, Tuesday, Wednesday, and Friday, and from 9am until 12noon on Thursday. The practice is open for extended opening on Monday evening 6:30pm until 8:30pm. The practice is closed Thursday afternoons and at the weekends during these times GP services are provided by South Essex Emergency Doctor Service (SEEDS), an out-of-hours emergency and non-emergency treatment service. Home visits are available as required based upon need.

The practice has opted out of providing GP services to patients outside of normal working hours such as Thursday afternoon, evenings and weekends. Details of how to access SEEDS out-of-hours emergency and non-emergency treatment and advice is available within the practice and on its practice leaflet.

The CQC intelligent monitoring placed the practice in band six. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

### Why we carried out this inspection

We inspected Dr Samra Yasin as part of our new comprehensive inspection programme.

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

This provider had not been inspected before and that was why we included them.

# Detailed findings

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.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced comprehensive inspection visit on 12 December 2014.

During our visit we spoke with the GPs, practice nurse, administrative and reception staff. We also spoke with six patients who used the service and two community matrons that were visiting the practice to speak to the lead GP. We reviewed 18 comment cards where patients and members of the public shared their views and experiences of the service. We looked at records and documents in relation to staff training and recruitment. We conducted a tour of the premises and looked at records in relation to the quality of the service provided, safe maintenance of facilities and the equipment used to provide 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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



# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alert recording, analysis and investigation processes followed a strong and consistent pathway. Comments, surveys and complaints received from patients were used as an opportunity to learn and we saw action planning and changes to practice procedures as a consequence; although the practice had not received any complaints in the last year. The practice manager told us they had not received complaints in the year before last either. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where incidents were discussed during the last year. This showed the practice had managed these consistently over time and so could show evidence of safe track records over the long term.

### Learning and improvement from safety incidents

The practice had a comprehensive system in place for reporting, recording, analysing and investigating incidents, monitoring significant events and accidents that were learning based and showed commitment to safety procedures. There were records of significant events that had occurred during the last year and we were able to review these. The incidents were well documented and showed a root cause analysis (RCA). RCA is a documented investigation to establish how an incident could have occurred, who was responsible and how it could have been prevented. We also saw within the documentation the practice manager had graded the risk so the practice staff could understand the impact that the incident or event had. Significant events were a standing item on the practice meeting agenda. There was evidence that the practice had learned from incidents and that the findings were shared with all staff members. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so. Staff told us they would not wait for a meeting to raise an issue, they felt comfortable raising anything with either the practice manager or the GP at any time.

The practice manager showed us the system used to manage and monitor incidents. We tracked four incidents and saw records were completed comprehensively, and completed in a timely manner. We saw evidence of action taken as a result of investigations, for example giving patients clear explanations of any change in dose of their medicine. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

National patient safety alerts were disseminated by the practice manager to the practice staff. We saw the system used by the practice to record and action the alerts; at the time of our inspection there were no outstanding alerts to be processed. When appropriate, alerts were discussed at practice meetings to ensure all staff were aware of any that were relevant to the practice and any action that needed to be taken.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of the medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record safeguarding concerns and how to contact the relevant agencies both within and outside of working hours. Contact details were easily accessible.

The practice had appointed a dedicated GP as a lead in safeguarding for vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who the lead was and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments, for example children subject to child protection plans.

There was a chaperone policy, which was visible on the waiting room noticeboard. (A chaperone is a person who

# Are services safe?

acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The nursing staff had been trained to act as a chaperone. Reception staff could also act as a chaperone if nursing staff were not available. Receptionists also understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

GPs were appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. The lead GP for safeguarding was aware of vulnerable children and adults, and records demonstrated good liaison with partner agencies such as the police and social services.

## Medicines management

We checked medicines stored in the treatment rooms and medicine fridges and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The nurses administered vaccines using locally agreed directives that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of directives and evidence that nurses had received appropriate training to administer vaccines.

There was a system in place for the management of high risk medicines, which included regular monitoring in line with national guidance. Appropriate action was taken based on the results. The lead GP told us that patients treated with these high risk medicines were part of a shared supportive care scheme working with the hospital consultants.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance. Prescription forms were tracked through the practice and kept securely at all times.

## Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. We also received comments on the comment cards telling us that the practice was clean and staff members told us they saw the cleaners each day cleaning the practice to confirm the cleaning contractors were monitored.

The practice nurse was the lead for infection control and had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received annual updates. We saw evidence that the lead carried out an annual audit in line with their policy.

The policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. We saw spillage kits were available to clean up any body fluids that may need to be cleaned. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand towel dispensers were available in treatment rooms.

The practice had a procedure for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). We saw records that confirmed the practice had carried out regular checks to reduce the risk of infection to staff and patients. The next check was due to take place in February 2015.

## Equipment

# Are services safe?

Staff we spoke with told us they had enough equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that the equipment was tested and maintained regularly and we saw the equipment maintenance records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices.

## Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice commissioned a human resources company to support them with recruitment of clinical and non-clinical staff. We saw the company had set out the practice policy and standards to be followed when recruiting.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The staff planned their holidays so that they could cover one another during periods of annual; this reduced the need for temporary staff cover. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff was on duty. Newly appointed staff had the expectation to cover colleague's annual leave written in their contracts.

Staff told us there were enough staff on duty each day to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

## Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see.

Identified risks were included on a risk log. Each risk was assessed and rated and recorded to reduce and manage the risk. We saw that risks and significant events were a standing item on the meeting agendas for discussion, although there had not been any risks to discuss recently.

## Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). The location of the emergency equipment was clearly sign posted on the door of the treatment room where it was kept. When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. The practice stock of emergency medicines was available and stored separately according to age, to ensure in an emergency time was not lost calibrating the dose of medication for the age of patient. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of NHS Property Services (West) who maintained the building.

The practice showed us a fire risk assessment to maintain fire safety. Records showed that staff had had fire training and that they practised regular fire drills.

Risks associated with service and staff changes, both planned and unplanned, were part of the practice future planning. An example of this was the recruitment plans for a deputy practice manager. We were told that future recruitment to the practice manager post would be added to the practice risk log.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nurse we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of practice meetings to evidence clinical discussions. The practice was small, and clinical staff work closely together and had the opportunity to speak daily and share good practice. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for each of them. We found from our discussions with the GPs and the nurse that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The practice worked with one full time GP and a long term consistent locum GP. There was evidence of communication between them to maintain both continuity and standards of care. The full-time GP was clinical lead in all areas.

The full time permanent GP showed us data from the local CCG of the practice performance for antibiotic prescribing; this was comparable to similar practices in the local area. The practice had also completed a review of case notes for patients with diabetes which showed all these patients were receiving appropriate treatment and a regular review. The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes. We were shown the process the practice used to review patients recently discharged from hospital, which required patients to be reviewed within two weeks by their GP according to need.

National data showed that the practice was in line with referral rates to secondary and other community care services for all conditions. The GPs we spoke with used national standards for the referral of patients for example two week referral for all patients suspected of having cancer.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the practice manager and deputy practice manager to support the practice to carry out clinical audits.

The practice showed us two clinical audits that had been undertaken in the last year. For both of these completed audits the practice was able to demonstrate changes in prescribing resulting from the initial audit, for example prescribing medicines used for diabetes.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). QOF is a national performance measurement tool. For example there were ongoing audits to enable cost efficient prescribing such as the prescribing of nutritional feeds.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. For example, the practice nurse had done over 50 audits this year to make sure review and recall across the QOF range was maintained to a high standard. The practice was low on dementia prevalence, but had initiated a computer 'pop-up' to enable opportunistic screening. The practice had also more patients with diabetes showing a high cholesterol level, but were aware of this and were monitoring it closely. Assessment and review of housebound patients was a challenge as community healthcare services did not perform routine diabetic assessments; however the practice had a facility for domiciliary blood tests.

There were regular multi-disciplinary team (MDT) meetings where all the primary care team, including the health visitor, mental health and district nurses, would meet to discuss patients of particular concern so as to help avoid

# Are services effective?

## (for example, treatment is effective)

hospital admissions. The minute taking from these meetings was thorough and demonstrated a high quality of care across the patient range. The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement.

There was a protocol for repeat prescribing which was in line with national guidance. We found, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GPs had reviewed the use of the medicine in question and where they continued to prescribe it outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had excellent oversight and understanding of best treatment for each patient's needs.

The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients, their carers and their families.

The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were comparable to other services in the area.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff members were up to date with training courses such as annual basic life support. The practice had recently taken on an additional practice nurse because of their increasing workload related to hospital admissions avoidance. The practice had a plan in place to develop their training and experience. The nursing staff employed at the practice had a wide mix of skills and had obtained diplomas in COPD and asthma. COPD is severe shortness of breath caused by chronic bronchitis, emphysema, or both. We saw that the lead nurse attended regular nursing update events. The GPs were both up to date with their

yearly continuing professional development requirements. The lead GP had been revalidated this year and had also recently obtained a diploma in diabetes. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff undertook annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example admission avoidance and care planning.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, administration of vaccines, cervical cytology, seeing patients with long-term conditions such as asthma, COPD, diabetes and coronary heart disease. The nursing staff were also able to demonstrate they had appropriate training to fulfil these roles.

### Working with colleagues and other services

The practice worked with other service providers to meet people's needs and support people with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances within the last year of any results or discharge summaries that were not followed up appropriately.

The practice was commissioned for the new enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). We saw that the policy for actioning hospital communications was working well in this respect.



# Are services effective?

## (for example, treatment is effective)

The practice held multidisciplinary team meetings six weekly to discuss patients with complex needs, for example those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

### Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use.

For emergency patients, there was a policy of providing a printed copy of a summary record for the patient to take with them to A&E. One GP showed us how straightforward this task was using the electronic patient record system, and highlighted the importance of this communication with A&E. The practice has also signed up to the electronic Summary Care Record and planned to have this fully operational by 2015. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record system the system used by practice was SystmOne to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. We saw evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

### Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. For some specific scenarios where capacity to make decisions was an issue for a patient, the practice had drawn up a policy to help staff, for example with making do not attempt resuscitation orders. This policy highlighted how patients should be supported to make their own decisions and how these should be documented in the medical notes.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions. For example the practice had committed to the hospital admission avoidance directed enhanced service which required 2% of their most vulnerable patients having a care plan that had been agreed with the patient. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of Gillick competencies. A Gillick judgement is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

### Health promotion and prevention

The practice had met with the Public Health team from the local authority and the CCG to discuss the implications and share information about the needs of the practice population identified by the Joint Strategic Needs Assessment (JSNA). The JSNA pulls together information about the health and social care needs of the local area. This information was used to help focus health promotion activity.

It was practice policy to offer a health check with the health care assistant / practice nurse to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 18 to 25 years and offering smoking cessation advice to smokers.

# Are services effective?

(for example, treatment is effective)

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years. The lead nurse showed us how patients were followed up if they had risk factors for disease identified at the health check and how they scheduled further investigations.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice had a register of 23 patients with a learning disability, 14 of which had been offered an annual physical health check since April 2014. Practice records showed 100% had received a check up in the last 12 months. The nurse showed us the plan for recall to ensure the other nine patients would receive their annual check within a year. Most staff had worked at the practice for a long time and knew their patients very well and were very positive in

opportunisticly encouraging patients to attend health checks and reviews. There was also a blood pressure machine and weighting machine that receptionists were able to make available for patients.

The practice's performance for cervical smear uptake was better than others in the CCG area. There was a policy to offer telephone reminders for patients. There was a named nurse responsible for following up patients who did not attend screening.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was above average for the CCG, and again there was a clear policy for following up non-attenders by the named practice nurse.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the GPs patient survey October 2013 of 100 patients, undertaken to assess patient satisfaction. The evidence from this showed 80% of patients rated the experience with clinical staff at the practice to be excellent. For the question regarding the consultation time length 78% said the GP gave them enough time. The national patient survey 2013 showed the practice was rated 'among the best' for patients who rated the practice as good or very good.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 18 completed cards and all the cards were positive about the service patients experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with six patients on the day of our inspection. All told us they were more than satisfied with the care provided by the practice and said their dignity and privacy was respected. The patients told us that the receptionists took the time to understand their personal needs and treat each person individually.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Patients told us the nursing staff took care to put patients at ease before intimate examinations and explained procedures before they began. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We saw the curtains were checked and changed on a regular basis to ensure they were clean and fit for purpose. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. During the inspection we saw administrative staff were respectful of patient's dignity and knocked on the treatment room doors, waiting for an answer to 'come in' before entering the room.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments

so that confidential information was kept private. The practice switchboard was located at the reception desk, but was shielded by glass partitions which helped keep patient information private.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff.

The lead GP supported patients registered at the practice over the age of 90 by visiting at least two or three patients opportunistically each week to check they were well. Staff at the practice confirmed the lead GP asked for patient names to be added to their visit list each week.

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

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the GP survey showed 92% of respondents said they were involved in decisions and felt the GP was good at explaining treatment and results. Both these results were above average compared to CCG area.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views. We also received positive comments on the cards with regards to the facilities available for patients to check their blood pressure and weight when they visited the practice.

Staff told us that translation services were available for patients who did not have English as a first language. We saw information in the reception area advising patients this service was available.

The practice had implemented proactive case management for the most vulnerable patients of their



# Are services caring?

population. This work included developing collaboratively with the patient and their carer (if applicable) a written and electronic personalised care plan, jointly owned by the patient, carer (if applicable) and the named GP to coordinate their care. The practice monitored the emergency admissions, readmissions, unplanned admissions and discharges from hospital for patients with long term conditions, older people, those living in care homes and vulnerable at risk patients. This monitoring supported the work to identify at risk patients and identify patients to avoid unplanned admissions to hospital. The practice wrote to those patients identified as at risk and developed a care plan. The plans were agreed and signed by the vulnerable patient, carer (if applicable) and the named GP. The paper copy was kept at the patient's home to inform visiting healthcare professionals, and the electronic copy were recorded on their electronic medical records at the practice.

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

The patients we spoke with on the day of our inspection and the comment cards we received were consistently enthusiastic about the care and support offered both by the reception staff and the clinical staff at the practice. We saw comments that reflected the practice went above the normal expected limits of care and compassion and this

was confirmed by the people we spoke with on the day and the healthcare professionals we talked with. Several similar comments for example said, staff address me by my first name and ask about me and my family I feel they really care for me. People also highlighted that staff provided support and information when required.

Notices in the patient waiting room, told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. A patient, who'd suffered bereavement, told us their partner's end of life care had been exceptional and that everyone at the practice had offered appropriate bereavement care and advice. They said they had found this assistance really helpful and supportive at such a difficult time. We were told by the reception team they were made aware of recently bereaved family members via the computer system so that when they attended the practice they could act appropriately.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The practice had implemented improvements and made changes to the way it delivered services in response to feedback from the GP patient survey held a year ago in October 2013. For example a new telephone system was installed at the practice to increase the number of lines for improved access. The practice also changed its procedure and asked patients to call only in the afternoons for results. This improved the access for patients to request urgent appointments.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example homeless organisations to which the practice referred homeless patients to, gave a follow-up call to check the patient had been seen by the organisation. The practice had a high proportion of patients experiencing poor mental health; this was due to a local organisation where patients were registered which accommodated the mental health team. The staff at the practice had been trained to recognise and deal with concerns in response to their patients need.

The practice had access to telephone translation services and a GP who spoke two languages.

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months.

The premises and services had been adapted to meet the needs of patient with disabilities. The practice was located in a purpose built property with wide entrance doors and a car park to the rear of the building. The wide entrance doors ensured good access for the disabled, prams and wheelchair users. The practice had wide corridors for easy access to the treatment and consultation rooms for patients with mobility aids. This made movement around the practice easier and helped to maintain patients' independence.

We saw that the waiting area was large enough to accommodate patients with wheelchairs, mobility scooters, and allowed for prams and pushchairs. Accessible toilet facilities were available for all patients attending the practice.

The staff at the practice told us they had less than ten non English speaking patients they had always brought a relative with them and had not needed to use the translation services.

### Access to the service

Appointments were available from 9am until 12noon and 4pm until 5.30pm Monday, Tuesday, Wednesday, and Friday, and from 9am until 12noon on Thursday. The practice stayed open from 8.30am until 6pm Monday, Tuesday, Wednesday, and Friday, with no closure at lunch-time, and Thursday 8.30am until 1pm. There was extended opening hours on Monday evening with appointments available from 6.30pm until 8.15pm.

Comprehensive information was available to patients about appointments on the practice website and the practice leaflet. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to care homes, by a named GP and to those patients who needed one.

Patients were generally more than satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to. Comments received from patients showed that patients in urgent need of treatment had been able to make appointments on the same day of contacting the practice. One patient we spoke with confirmed this arrangement for urgent appointments.

The practice's extended opening hours on Monday evening was particularly useful to patients with work commitments. This was supported by comments on the comment cards.

# Are services responsive to people's needs?

(for example, to feedback?)

## **Listening and learning from concerns and complaints**

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

We saw that information was available to help patients understand the complaints available on the notice board in the waiting room on the practice website and in the

practice leaflet. Patients we spoke with said they would speak with the GP or the practice manager if they wished to make a complaint. None of the patients we spoke with had needed to make a complaint about the practice.

The practice had not received any complaints in the last 12 months. We reviewed the process the practice would use and saw there was a system in place to deal with complaints in a timely way that was open and transparent. Complaints would also be reviewed annually to detect themes or trends. The practice meeting agendas had a standing item to discuss complaints if the practice received one, to ensure all staff were able to learn and contribute to any improvement action that might be required.

# Are services well-led?

(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. We found details of the vision and practice values were part of the practice's statement of purpose. The practice vision and values included: To work in partnership with our patients and staff to provide the best 'Primary Care Services' possible working within local and national governance, guidance and regulations.

We spoke with three members of staff and they understood the vision and values and knew what their responsibilities were in relation to these.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at 10 of these policies and procedures and all 10 that we looked at had been reviewed annually and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the lead partner was the lead for safeguarding. We spoke with three members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and the ensured outcomes were maintained or improved for patients.

The practice had an ongoing programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. For example a medication review audit to reduce drug costs showed seven patients were able to stop taking their medication and four had their medication changed to a generic form. An audit of diabetics who took medication for their condition, evidenced changes to their treatment based on their weight control and blood test readings. This audit

continued after the patient had changed their treatment to ensure continued benefits from the changes. This audit followed a completed audit cycle to ensure patient outcomes were improved and practice procedures were continually monitored.

The practice had arrangements for identifying, recording and managing risks. The practice manager showed us the risk log, which addressed a range of potential issues, for example giving out a repeat prescription to the wrong person. We were told that the risk log was regularly discussed at team meetings and saw it was updated in a timely way. Risk assessments had been carried out where risks were identified and action plans had been produced and implemented. For example after a safeguarding standards audit, an action plan was put in place to ensure the practice was working towards and could meet the standards necessary.

The practice talked about information governance at the practice monthly meetings. We looked at minutes from the last three meetings and found that performance, quality and risks had been discussed.

We saw the practice had achieved an overall level two for information governance using the 'information governance (IG) toolkit'. The IG toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health IG policies and standards. It also allows members of the public to view participating organisations' IG toolkit evaluations. Level two is a satisfactory achievement for primary care services using this toolkit.

### Leadership, openness and transparency

We saw from minutes that team meetings were held regularly, at least monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. We were also told by staff members they were encouraged to raise any issues when they occurred, and felt comfortable speaking with either the practice manager or the GP.

The practice commissioned a human resources organisation who was responsible for policies and procedures. We reviewed a number of policies, for example disciplinary procedures, induction policy, and management of sickness which were in place to support

# Are services well-led?

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

staff. We were shown the staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

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

The practice had gathered feedback from patients through a GP patient survey, and comments received from patients. We looked at the results of the survey and as a result the practice had introduced a new telephone system with an extra line to improve access. The practice manager told us that attempts had been made to start up a patient participation group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. Although respondents to the survey had said they would be willing to be part of a patient group, the attendance of patients at the first meeting had been disappointing and the practice manager was looking at other means to gain patient opinions.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. 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 in the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

## **Management lead through learning and improvement**

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five sets of staff files and saw that regular appraisals had taken place which included a personal development plan. Staff told us that the practice was very supportive of training and that they had time to learn half days to keep up to date with any learning needs.

The practice had completed reviews of significant events and other incidents and shared with staff at meetings to ensure the practice improved outcomes for patients. We found evidence of improvements in practice following reviews of significant events and incidents.