

# Dean House Surgery (Dr Sajida Choudhry)

## Quality Report

Dean House Surgery

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dean House Surgery on the 9 March 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.
- Identified risks to patients were assessed and well managed.
- No risk assessment had been conducted regarding not having access to a defibrillator at the practice.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance, however there were some instances where this guidance was not passed on. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvements are:

- Conduct a written risk assessment regarding not having access to a defibrillator.
- To secure and monitor the usage of prescription pads within the practice.

# Summary of findings

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

**Requires improvement**



- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Identified risks to patients were assessed and well managed.
- The practice did not keep a record of prescription scripts held and the usage of the scripts at the practice.
- No risk assessment had been undertaken by the practice for not having a defibrillator on site.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Although staff assessed needs, care delivered was not always in line with recent evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### 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 the national average for several aspects of care.

# Summary of findings

- The majority of 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.
- The practice offered flexible appointments and health checks for carers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included some 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 partners encouraged a culture of

# Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a 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.
- The practice offered Shingles vaccines for this population group

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.
- The Quality Outcomes Framework (QOF) recorded the practice as scoring higher than the national average for the majority of indicators of care related to those with diabetes.
- 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. Vaccine rates were comparable to the Clinical Commissioning Group (CCG) for all standard childhood vaccines.
- 89% of patients diagnosed with asthma on the patient list, had received an asthma review in the last 12 months, compared to the national average of 75%.

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical Screening testing performed in the preceding 5 years for required patients by the practice was at 87% which is higher than the national average of 82%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors.

## **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. For example, the practice was proactive in offering telephone consultations.
- 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 provided an extended hours practice once a week to allow working patients access to a face-to-face consultation.

**Good**



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The practice had ten patients registered with learning disabilities.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

**Good**





# Summary of findings

## 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).

- All the patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average. The practice had seven patients diagnosed with dementia.
- All the patients with schizophrenia, bipolar affective disorder and other psychoses have had an agreed care plan documented on record during the preceding 12 months.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results published on this practice in January 2016. The results showed the practice was performing in line with local and national averages. There were three hundred and forty-six forms distributed, with one hundred and thirteen returned. This represented approx. five percent of the practice's patient list.

- 90% found it easy to get through to this practice by phone compared to a CCG average of 67% and a national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 81% and a national average of 85%.
- 77% described the overall experience of their GP practice as fairly good or very good compared to a CCG average of 81% and a national average of 85%.

- 61% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared to a CCG average of 72% and a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received.

We spoke with four patients and five Patient Participation Group (PPG) members during the inspection. All patients said they were happy with the care they received and thought staff approachable, committed and caring. The Friends and Family Test undertaken by the Practice during the months September 2015 – December 2015 revealed that 40 out of 46 patients said they would recommend the practice.

## Areas for improvement

### Action the service **MUST** take to improve

- Conduct a written risk assessment regarding not having access to a defibrillator.
- To secure and monitor the usage of prescription pads within the practice.

# Dean House Surgery (Dr Sajida Choudhry)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

### Background to Dean House Surgery (Dr Sajida Choudhry)

Dr Sajida Choudhry (the Provider), operates from Dean House Surgery, 193 High Street, Enfield, EN3 4DZ. The practice is located in privately owned premises on a main road in a residential area of North London.

There are approximately 2200 patients registered at the practice. Statistics shows high income deprivation among the registered population. The registered population is slightly higher than the national average for those aged between 20-44.

The clinical team is comprised of the Provider and a regular locum who together work 9 sessions per week, together with a Practice Nurse and a healthcare assistant. The practice manager heads a team of five administrators.

The practice is open at the following times:-

- 08:00 - 18:30 (Monday, Wednesday, Thursday and Friday)
- 08:00 - 19:30 (Tuesday)

Clinical sessions are run during the following times:-

- 09:00 - 12:00pm and 15:45 to 18:00 (Monday, Thursday and Friday)

- 09:00 - 12:00pm and 16:00 to 19:30 (Tuesday)
- 09:00 - 12:40pm and 15:30 to 18:00 (Wednesday)

Patients can book appointments in person, via the phone and online.

Patients requiring care or advice outside of normal working hours are advised to contact the local out of hours service provider by phoning NHS 111.

The practice has a Personal Medical Services (PMS) contract. Enfield Clinical Commissioning Group (CCG) is the practice's commissioning body.

### Why we carried out this inspection

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

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

The practice had not been inspected previously.

# Detailed findings

## 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 the 9 of March 2016.

During our visit we:

- Spoke with the Provider and a range of staff (including the practice manager, a healthcare assistant and reception staff). We also 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 practice carried out a thorough analysis of the significant events.

We reviewed incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We noted that a significant event had been identified by the practice when it had been realised that a baby on the patient list had received its first and second set of immunisations sooner than the required four weeks apart. The Provider contacted the mother of the baby to explain and apologise for what had happened. The CCG lead Paediatrician was contacted by the Provider and discussions were held between the Practice Nurse, the parents, the CCG immunisation lead and the Provider. The baby was monitored by the Provider and showed no signs of side effects of having the immunisation vaccine before the specified time. As a result, the practice has increased its vigilance when immunising babies by ensuring that all patient records are read thoroughly and to note the date of the last immunisation before administering further immunisations.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The Provider was the lead

member of staff for Safeguarding. The Provider attended Safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The Provider and GP locum were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene. We observed:-

- The premises to be clean and tidy. The Provider was the infection control clinical lead who alongside the Practice Manager 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 in-house training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice generally kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. However, we found that the practice had no mechanism in place to monitor the use of prescription pads and that the pads were not stored securely during practice opening hours. Patient Group Directions (PGD) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The practice also had a system for production of Patient Specific Directions (PSD) to enable the health care assistant to administer vaccines after specific training when a doctor or nurse was on the premises. 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. PSDs are written instruction from a

## Are services safe?

qualified and registered prescriber for a medicine including dose, route and frequency or appliance to be supplied or administered to a named patient on an individual basis.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken. We saw evidence that proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been undertaken for staff employed at the practice.
- There were 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have defibrillator available on the premises, but did have oxygen with adult and children's masks. There was no evidence that a risk assessment had been undertaken as to why the practice could justify not having a defibrillator. A first aid kit and an accident book were available.
- 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice's systems for keeping all clinical staff up to date were not always utilised. Staff had access to guidelines from NICE, but the Provider was not always aware of the most recent guidelines due to guidelines not always being cascaded to clinical staff by the Practice Manager. In addition, a lack of protected time to read guidelines has meant that the Provider was not able to use this information to deliver care and treatment that met peoples' needs. For example, during a discussion with a member of the inspection team, the Provider provided limited awareness of the most recent guidelines issued regarding treatment for cancer patients.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- We noted that some updates from other Government organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA) were not being cascaded by email to all clinical staff by the Practice Manager. However, there was a designated shared area on the practice's in-house computer system where updates were filed by the Practice Manager for staff to access.

### 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 for the practice were 97% of the total number of points available, with 5%.

Exception reporting (National averages are 94% and 9% respectively). (Exception reporting is the removal of patients from QOF calculations where, for example, the

patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was higher than the national average. For example, the percentage of patients in whom the last blood pressure reading within the preceding 12 months or is 140/80mmHG or less was 90% (the national average being 78%), and the percentage of patients with diabetes whose last measured total cholesterol reading within the preceding 12 months is 5mmol/l or less was 89% (the national average being 80%).
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average (Practice 87%, National 84%).
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the preceding 12 months was 100% (national average 88%). The review of care for patients with dementia during a face-to-face meeting in the preceding 12 months was 100% compared to with the national average of 84%. The practice currently has eleven and seven patients respectively with mental health disorders and dementia.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored. A repeat medicines audit conducted by the practice led to the implementation of three monthly reviews of patients who were in receipt of ten different medicines.
- The practice participated in local audits, benchmarking, accreditation, and research.
- Findings were used by the practice to improve services and care that it provided to its patients. For example, the practice keeps a record of those patients who have not responded to the request to book a cervical smear. A reminder letter is issued to patients monthly for three months after the initial request to book the test.

Information about patients' outcomes was used to make improvements such as:



# Are services effective?

## (for example, treatment is effective)

- The introduction of a weight management clinic at the practice, to encourage patients to be aware of their diet in order to prevent developing long term conditions such as diabetes in the future

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to vaccine programmes, for example by access to on line resources, ad-hoc discussions with other clinical staff and monthly clinical staff meetings.

- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other local services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that meetings with local Health Visitors took place twice a month and that care plans were routinely reviewed and updated. However, we saw no evidence that meetings with the District or Palliative Care Nurses were being held on a monthly basis.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Diet and smoking cessation advice was available on site and from a local support group.

The practice's uptake for the cervical screening programme was 87%, which was comparable to the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice



# Are services effective?

(for example, treatment is effective)

demonstrated how they encouraged uptake of the screening programme by using information placed in the patient waiting area and they ensured a female sample taker was available.

Childhood vaccine rates for the vaccinations given were comparable to, and in some cases, above the CCG averages. For example, childhood vaccine rates for the vaccinations given to under two year olds ranged from 63% to 84% and five year olds from 83% to 100%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

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

We spoke with five members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Examples were provided by the PPG of how the practice cares for their patients which included how the practice arranged for a patient who had fallen ill abroad to be cared for at home. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 73% said the GP was good at listening to them compared to the CCG average of 85% and national average of 88%.
- 74% said the GP gave them enough time compared to the CCG average 82%, and the national average of 86%.
- 85% 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%

- 72% said the last GP they spoke to was good at treating them with care and concern compared to the CCG of average 81% and the national average of 85 %.
- 77% said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 80% and the national average of 85%.
- 88% said they found the receptionists at the practice helpful compared to the CCG average 84% 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. All patient feedback on the 38 comment cards we received was also positive and aligned with these views.

Results from the national GP Patient Survey published January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below average local and national averages. For example:

- 75% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81.9% and national average of 86%.
- 68% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average 82%.
- 77% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice has 22 carers on the practice register. This figure equates to one percent of the patient

## Are services caring?

list. The practice offered flexible appointments for carers, as well as specific health checks. 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, the Provider contacted them to offer a home visit. 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.

# 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 surgery on a Tuesday evening until 7:30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for those unable to attend the practice.
- Same day appointments were available for children and those with serious medical conditions.
- 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.

### Access to the service

The practice is open between 8:00 and 6:30pm Monday to Friday with the exception of Tuesday evenings when the practice operated extended hours. Appointments were as follows:-

- 09:00 - 12:00pm and 15:45 to 18:00 (Monday, Thursday and Friday)
- 09:00 - 12:00pm and 16:00 to 19:30 (Tuesday)
- 09:00 - 12:40pm and 15:30 to 18:00 (Wednesday)

Appointments could be booked up to two weeks in advance and urgent appointments were available for people that needed them.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 75%.
- 90% patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

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

### 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 GP's 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
- The practice received two complaints during last 12 months. We found that the complaints were handled in a satisfactory manner and in a timely way. In both cases, the practice offered to meet with the relevant patient to discuss the issue further.

Lessons were learnt from the concerns and complaints raised, and action was taken to as a result to improve the quality of care. For example, the practice has now introduced a complaints handling manager who is solely responsible for following up on complaints and to make sure that the practice resolves the complaint to a satisfactory conclusion. The Complaints Handling Manager position was introduced following a complaint regarding the complaints handling process at the practice. A poster as well as a patient information leaflet on how to make a complaint were located in the waiting room of the practice.

# 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 Statement of Purpose and staff knew and understood the aims and objectives of the statement.
- The practice had a strategy and supporting business plans which reflected the Statement of Purpose and these plans were regularly monitored.

### Governance arrangements

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

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

### Leadership and culture

The Provider had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The Provider was visible in the practice and staff told us they were approachable and always took the time to listen to them.

The Provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the Provider. All staff were involved in discussions about how to run and develop the practice, and the Provider encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, at a recent PPG meeting which was attended by the practice manager, a discussion was held regarding those patients who do not attend (DNA) scheduled appointments. Following the discussion and agreement with the PPG, the procedure for dealing with patients who persistently failed to attend appointments was amended to reflect that if three DNA's occur within a six month period, then patients will be informed that they are at risk of being removed from the patient list.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us felt comfortable in their roles so that they could give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

# Are services well-led?

Good 

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

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and this has been recognised by the local Public Health Team (PHT). The practice had been

featured in the December 2015 issue of the monthly newsletter (issued by the PHT), in recognition of the work it had undertaken in placing emphasis on early detection of diabetes. This has resulted in the practice obtaining high QOF scores in relation to diabetes related indicators.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>They had failed to conduct a risk assessment regarding not having access to a defibrillator at the practice.</p> <p>The registered person failed to have a system to secure and monitor the usage of prescription pads within the practice.</p> <p>The above was in breach of regulation 12(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>