

Maylands Health Care

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 Maylands Health Care on 04 February 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 a system in place for reporting, recording and learning from significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- Patients said they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Patients said they could get an appointment when they need one, including same day urgent appointments.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of, and was developing policy and practice to ensure that, it complied with the requirements of the Duty of Candour.

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.

- There was a system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Policy, practice and staff awareness was being developed to ensure that if there was an unintended or unexpected safety incident, the patient would receive reasonable support, truthful information, and a verbal and written apology. The patient would be told about any actions to improve processes to prevent the same thing happening again. No such unintended or unexpected safety incident had arisen since the introduction of the Duty of Candour on 1 April 2015.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and when compared with the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice had successfully bid for an improvement grant to install an automatic entrance door, a hearing loop, and fixed seating in the waiting room; and to make alterations to the reception desk to improve disability access and security.
- Patients said they could get an appointment when they needed one, including same day urgent appointments.
- 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.

Good



Are services well-led?

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

- The practice had aims and objectives to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to the aims and objectives and worked together across all roles.
- 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.
- Arrangements were in place to monitor and improve quality and identify risk.
- The provider was aware of and was developing policy and staff awareness to comply with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice was developing systems for knowing about notifiable safety incidents and acting on them appropriately.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

- All housebound patients aged over 75 had been offered a home visit to have their health checked. The check included a dementia screen and frailty test and a review of their medication. Two hundred and sixteen patients had been checked since June 2015.
- Flu vaccinations for people aged over 75 were conducted on a walk in basis, including some Saturday mornings, and the practice took this opportunity to carry out dementia screens too.
- The practice had commissioned a consultant geriatrician to undertake domiciliary visits to patients at risk of avoidable hospital admission.
- Each patient receiving palliative care had a named GP who visited them every two weeks. The practice met regularly to discuss the needs of these patients.

The practice achieved 100% QOF points for rheumatoid arthritis, osteoporosis and coronary heart disease.

Good



People with long term conditions

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

- Dedicated appointments and longer consultation times were available when needed.
- The practice provided in house spirometry, ECG (and 24 hour Holter ECG monitoring. It could also arrange for blood samples to be taken from patients in their home where necessary.
- Patients with long term conditions had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, and those at high risk of hospital admission, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had links with a consultant dermatologist who had run a leg ulcer clinic in association with the district nursing service. This had resulted in four of the 12 patients being reviewed coming out of long term bandages.

Good



Summary of findings

- The practice had achieved full QOF points in asthma and COPD (chronic obstructive pulmonary disease) reviews and its rate of cancer detected resulting from a two week wait referral was comparable with the national average (practice 48%, national 48%).

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 may be at risk, for example screening information coming into the practice about missed appointments, A&E attendances, and out of hours and 111 reports. The practice held regular child safeguarding meetings which were attended by the CCG's safeguarding nurse.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%.
- There was a dedicated administrator for cervical screening and booking antenatal checks.
- The practice ran a contraceptive clinic, provided contraceptive implants and fitted coils.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was open to 8.00pm on Monday and Wednesday.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs of this age group. There was an onsite pharmacy.
- There were dedicated staff to deal with insurance forms.

Good



Summary of findings

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 carers, homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Annual health checks had been completed for 72% of people with a learning disability in 2014-15, the highest completion rate in Havering CCG.
- 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



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).

- 89% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- Maylands Health Care was a dementia friendly practice. A local dementia advisory service set up a stand in the waiting area every first Thursday of the month to raise awareness of the services it provided.
- 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months, which was comparable to the national average of 88%.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. Two hundred and ninety two survey forms were distributed and 115 were returned. This gave a completion rate of 39%.

- 70% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 79%, national average 85%).
- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 70%, national average 78%).

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 treatment and care received. Patients had confidence in the doctors and nurses and said staff treated them with dignity, kindness and respect. They felt listened to and that the treatment they received met their needs and addressed any concerns.

Nine of the 38 cards commented on the appointment system. Six of these said that getting an appointment was problematic and / or that the wait for a non emergency appointment or to see a preferred GP was too long. Two of the 38 cards commented an emergency appointment was always available and one of the cards commented there had never been a wait for an appointment.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought that Maylands was a very good practice. They said they would get an appointment when they needed one, but that waits could be longer for a preferred GP. One patient said there was also a longer wait for a female GP.

Maylands Health Care

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Maylands Health Care

Maylands Health Care is located in Hornchurch in the London Borough of Havering. It is one of the 49 member GP practices in NHS Havering CCG.

The practice serves a predominantly White population (78%). A further 11% of the local population identifies itself as Asian / Asian British and 8% as Black / African / Caribbean / Black British. The practice is located in the third less deprived decile of areas in England. At 78 years, male life expectancy is less than the England average of 79 years. At 84 years, female life expectancy is greater than the England average of 83 years.

The practice has approximately 14,700 registered patients. Services are provided by the Maylands Health Care partnership under a Personal Medical Services (PMS) contract with NHS England. The partnership is made up of five GPs.

The practice is in purpose built health care premises and all patient areas are accessible to wheelchair users. The patient waiting area and 17 consulting and treatment rooms are on the ground floor. The practice is close to public transport and has a car park including three disabled bays.

There are four salaried GPs working at the practice in addition to the five GP partners. In all there are five male

and four female GPs making up the equivalent of 8.5 whole time GPs. There are three practice nurses, one full time and two part time, who together make up 2.25 whole time equivalents, and there is a full time health care assistant. There is a team of administrative, secretarial and reception staff led by a practice manager, assistant manager and reception manager.

The practice is an accredited GP training practice and three of the GP partners are approved trainers. There was one qualified doctor training to specialise in General Practice attached to the practice at the time of our visit. The practice is also involved in teaching medical students from the local medical school.

The practice's opening times are:

- 8.15am to 12.00pm and 1.30pm to 8.00pm on Monday and Wednesday.
- 8.15am to 12.00pm and 1.30pm to 6.00pm Tuesday, Thursday and Friday.
- The appointment telephone line operates from 8.00am to 12.00pm and from 1.30pm to 6.00pm Monday to Friday.

Clinic times are:

- 8.30am to 11.00am and 1.30pm to 8.00pm on Monday and Wednesday.
- 8.30am to 11.00am and 1.30pm to 6.00pm on Tuesday, Thursday and Friday.
- Pre booked urgent care appointments are also available from the GP Hub Service which can be contacted between 6.00pm and 9.00pm on weekdays and between 9.00am and 5.00pm on weekends.

Maylands Health Care is registered with the Care Quality Commission to carry on the following regulated activities at

Detailed findings

300 Upper Rainham Road, Hornchurch, Essex RM12 4EQ:
Diagnostic and screening procedures; Family planning,
Maternity and midwifery services, Surgical procedures and
Treatment of disease, disorder or injury.

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.

We inspected this service previously on 20 June 2014 and found it was compliant with the essential standards we looked at.

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 04 February 2016.

During our visit we:

- Spoke with a range of staff (GP, practice nurse, management, reception, administrative and secretarial), representatives of the patient participation group, and patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed a 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.
- Reviewed documentation the provider gave us about the operation, management and performance of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording incidents and near misses.

- 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 and an accident book.
- The practice carried out an analysis of significant events to identify ways in which they could be prevented from happening again, where possible.

We reviewed significant event summaries and minutes of meetings where these were discussed. Lessons were shared and action was taken to improve safety in the practice. For example, the practice had revised its procedure for faxing two week wait referral forms to ensure they were always sent the same day the referral was made.

The provider was developing policy and staff awareness so that where there was an unintended or unexpected safety incident, the patient would receive reasonable support, truthful information, a verbal and written apology and would be told about any actions to improve processes to prevent the same thing happening again. This was to ensure the practice would respond to such an event in line with the Duty of Candour that came into effect for general practice from 01 April 2015.

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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Clinical staff were trained to child safeguarding level 3. There were lead and

deputy lead GPs for safeguarding children and a lead GP for vulnerable adults. The practice raised alerts and initiated and attended safeguarding meetings where necessary.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a lead GP for infection control. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice 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 team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there was a system in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and the appropriate checks through the DBS.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 staff kitchen area. The poster did not identify the practice manager as the local health and safety

Are services safe?

representative, and the practice manager undertook to remedy this. The practice had a fire risk assessment in place and carried out regular fire drills. Electrical equipment was checked to ensure it was safe to use and clinical equipment was checked and serviced to ensure it was working properly. A legionella risk assessment had been completed and water management systems were in place. 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 adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the minor operations room.
- The practice had a defibrillator and oxygen available on the premises.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through training, clinical meetings, audits and outcomes monitoring.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 98% of the total number of points available, with 8% exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. This practice was an outlier for the following QOF indicator:

- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015). The practice achieved 82% compared with the national average of 94%. The provider told us this was perhaps due to patients increasingly having their influenza immunisation at their local chemist or supermarket and information sharing with these providers being under developed.

Otherwise the practice's performance was comparable to national averages, for example:

- Other diabetes related indicators, for example, the percentage of these patients in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less (practice 77%, national average 78%),

and the percentage of these patients with a record of a foot examination and risk classification within the preceding 12 months (practice 90%, national average 88%).

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90 mmHg or less (practice 84%, national average 84%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (practice 97%, national average 88%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face meeting in the preceding 12 months (practice 89%, national average 84%).

Clinical audits demonstrated quality improvement.

- One of the partners told us there had been six clinical audits carried out in the 12 months prior to the inspection. Some of these were practice initiated, for example looking at infection rate after minor surgery and diabetes and aspirin therapy, and some were CCG initiated, primarily around medicines management. One of the GP partners provided an example of a completed audit in 2012 which had looked at managing blood pressure in diabetic patients to reduce the risk of cardiovascular, renal and eye problems. The first cycle of the audit had showed 60% of patients were at their target blood pressure. The practice put measures in place to ensure the practice followed the NICE guideline more closely and the second cycle of the audit showed that, after the changes, the percentage of patients had been increased to 70%.
- Findings were used by the practice to improve services. For example, while the infection rate after minor surgery was 1.2% and within the rate of infection deemed acceptable by the British Association of Dermatologists, the practice had identified areas for action to reduce the infection rate still further and planned to re audit in six to 12 months' time.

Information about patients' outcomes was used to make improvements. There was a dedicated administrator for the QOF programme who provided regular feedback to the practice about their performance, and there was a lead GP

Are services effective?

(for example, treatment is effective)

for each QOF module, for example mental health or learning disability. This ongoing performance monitoring and clinical leadership resulted in the practice's high performance in the QOF.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as health and safety, equality of opportunity and personnel policies and procedures. The programme was supported by role specific training given by the new employee's supervisor.
- 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of complaints and practice development needs. All staff had had an appraisal within the last 12 months. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Training included ongoing clinical and supervisory support, and coaching and mentoring, in addition to formal training courses. There was facilitation and support for GP and practice nurse revalidation.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of training provided by the CCG and the protected learning time programme, in house training, and e-learning.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example with the out of hours service and when referring patients to other health 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. They took part in regular multi-disciplinary integrated care management (ICM) and community treatment team (CTT) meetings. The IMC aimed to support patients at high risk to prevent them being admitted to hospital where possible and the CTT provided short term intensive care and support to people experiencing an urgent health and / or social care crisis. The practice took part in multi-disciplinary team meetings where care plans were routinely reviewed and updated.

The practice acted on hospital discharge information to ensure patients were followed up and supported appropriately.

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 worked with the patient's carer to make a decision about treatment that was in the patient's best interests.

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was supported through the electronic patient record system which required consent to be recorded when written consent was required.

Supporting patients to live healthier lives

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

- These included for example patients in the last 12 months of their lives, carers, and those requiring advice on healthier lifestyles. Patients were given and / or signposted to relevant services.
- The health care assistant provided smoking cessation advice and support and had helped 400 people to stop smoking, which the provider told us was the highest in the borough.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Its performance in these areas at 75% and 58%

respectively was comparable with CCG and national averages. The practice demonstrated how they encouraged uptake of the bowel cancer screening programme by working with the patient participation group to raise awareness of the benefits of screening amongst patients.

The practice was consistently achieving a greater than 90% uptake for childhood immunisations for the 24 months and 5 years age groups.

Meeting flu vaccination rates was more of a challenge, for example the practice achieved 65%-68% uptake in 2015/16 for the over 65s against the national target of 75%. The provider told us this was perhaps due to patients increasingly having their influenza immunisation at their local chemist or supermarket and information sharing with these providers being under developed.

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 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 38 patient Care Quality Commission comment cards we received were positive about the service experienced and highlighted that staff were caring and provided support when required. Patients said they felt the practice offered a good or excellent service staff treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were very satisfied with the care provided by the practice.

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

- 91% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 82%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 79, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).

- 93% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 87%.
- 86% said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 81%)
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. There was information for patients in the practice leaflet that interpretation and translation services were available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room and the practice's website 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 was having a drive to increase the percentage of its practice list identified as carers. Written information was available to direct carers to the various avenues of support available to them. The practice sought to support carers with appointment flexibility and to ensure their own health needs were addressed.

Are services caring?

Staff told us that when a family suffered a bereavement, the practice sent the family a bereavement card and referrals

could be made to a local bereavement service if necessary. All staff were made aware when a patient had died to ensure relatives were treated appropriately and sympathetically.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example it had made a successful bid for an improvement grant to install new fixed seating in the waiting area, including some with higher backs and arms for patients who needed this, an automated door, and a hearing loop; and to lower a section of the reception desk to make it easier for wheelchair users to use.

- The practice offered extended opening hours on Monday and Wednesday evenings until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them, for example those with a learning disability or dementia.
- Home visits were available for housebound and elderly patients.
- Same day appointments were available for those who needed to be seen urgently.
- The practice was accessible to wheelchair users and there were two wheelchairs available for patients who needed them.
- There were dedicated staff, for example for insurance forms and an antenatal check booking clerk. A patient liaison clerk was available to arrange patient transport to hospital appointments, deal with social services, and chase up hospital appointments, letters and test results.
- The practice had run a leg ulcer clinic with a consultant dermatologist.

Access to the service

The practice's opening times were:

- 8.15am to 12.00pm and 1.30pm to 8.00pm on Monday and Wednesday.
- 8.15am to 12.00pm and 1.30pm to 6.00pm Tuesday, Thursday and Friday.
- The appointment telephone line operated from 8.00am to 12.00pm and from 1.30pm to 6.00pm Monday to Friday.

Clinic times were:

- 8.30am to 11.00am and 1.30pm to 8.00pm on Monday and Wednesday.
- 8.30am to 11.00am and 1.30pm to 6.00pm on Tuesday, Thursday and Friday.
- Pre booked urgent care appointments were also available from the GP Hub Service which could be contacted between 6.00pm and 9.00pm on weekdays and between 9.00am and 5.00pm on weekends.

Appointments could be pre-booked up to one month in advance in person, by phone and online. Appointment with the practice nurse could be made up to three months in advance. Same day appointments and telephone consultations were made available every day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 74%.
- 69% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 35% patients said they always or almost always see or speak to the GP they prefer (CCG average 62%, national average 60%).

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

Listening and learning from concerns and complaints

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

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

We looked at eight complaints received in the last 12 months and found they were investigated thoroughly and

Are services responsive to people's needs? (for example, to feedback?)

dealt with in an open way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care, for example to ensure the patient removal policy was followed closely.

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's aim and objectives were set out in its Statement of Purpose. Its aims were to:

- To provide efficient and effective services, desirable to patients
- To deliver services to the highest standards
- To provide an excellent patient experience
- To ensure staff are enabled to provide safe, effective and high quality patient care
- To pursue teaching and learning partnerships with education providers
- To maximise recruitment and retention by meeting the development needs of current and prospective staff
- To improve the environment for patients and staff, to improve ease of access for patients
- Overall, to provide high quality primary care treatment to the patient population particularly the elderly and infirm; people with long term conditions; families, children and young people; working age people; the vulnerable; and those with dementia and mental health problems.

Its objectives were to:

- Provide the right skills and training for all members of our staff to ensure care is provided in an environment that is safe and where patients are protected from abuse and avoidable harm.
- Make sure that people's care, treatment and support achieve good outcomes, promote a good quality of life and are based on the best available evidence.
- Treat people with compassion, kindness, dignity and respect.
- Endeavour to make our services responsive and are organised to meet people's needs.

In order to meet these objectives, the provider stated:

- The leadership, management and governance of the practice will be of a high quality, person centred, support learning and innovation, promote an open and fair culture and ensure the team is well led.
- We aim to listen to the concerns of patients, their families and carers, face to face and using a range of media (phone, internet, post etc).
- We invite ongoing feedback using patient surveys and the NHS Choices website with complete involvement of the Practice's Patient Participation Group.
- We will maintain patient confidentiality at all times.

Staff were able demonstrated how their role and responsibilities supported the aims and objectives.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of services. The framework ensured:

- There was a clear staffing structure and lines of accountability. Staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff to provide guidance and instruction.
- A comprehensive understanding of the performance of the practice was maintained
- Clinical audit was used as a tool to monitor quality and make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice and the management team had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

Are services well-led?

Good 

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

practice had systems in place for knowing about notifiable safety incidents and was developing policy and staff awareness so that when there were unexpected or unintended safety incidents:

- The practice would give affected people reasonable support, truthful information and a verbal and written apology
- They would keep written records of verbal interactions as well as written correspondence.

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

- There were regular partner, practice, clinical, QOF, child protection and palliative, and nurses meetings which were scheduled six months in advance and minuted.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, a store room had been turned into a patient confidentiality room at the suggestion of the practice manager.

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, submitted proposals for improvements to the practice management team, and staged health promotion events at the practice. For example, speed limit signs had been put up to improve safety in the car park at the suggestion of the PPG; the PPG had been involved in putting together the successful bid for a premises improvement grant; and the PPG was staging bowel cancer screening awareness activities at the practice to encourage patients to carry out the test. The PPG had carried out a patient survey in February 2015 and got 202 responses.

- The practice had gathered feedback from staff through regular meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They felt involved and engaged to improve how the practice was run. They also told us the provider would always consider and usually agreed to any reasonable request for additional equipment or facilities, for example their request for garden seating.

Continuous improvement

There was a strong focus on continuous learning and improvement within the practice and a desire to share good practice. For example, shortly after the inspection the provider sent us confirmation that they had signed up with an audit scheme being offered to medical students of Barts and The London School of Medicine and Dentistry to further the practice's capacity to use completed clinical audits to measure and improve outcomes for patients beyond the Quality Outcomes Framework. Also, one of the GP partners was the first MacMillan GP facilitator for Havering since April 2015. A priority for the North East London sector was to address the large variation in the bowel cancer screening rate amongst GP practices in the area. The MacMillan GP facilitator was leading a programme of going into practices to provide updates, disseminate good practice and offer support.