

# Dr Mahendra Mashru

## Quality Report

19 King Edwards Road, Ruislip, Middlesex, HA4 7AE

Tel: 01895632021

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Website: [www.kingedwardsandswakeleymc.nhs.uk](http://www.kingedwardsandswakeleymc.nhs.uk) Date of publication: 21/12/2016

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

### Ratings

#### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



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 on 22 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment, although the results of the GP survey were below local and national averages in some areas.

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

The areas where the provider should make improvement are:

- Review the national GP patient survey with the aim of improving patient satisfaction.
- Review the arrangements in place to ensure they can meet the needs of patients with poor hearing.
- Improve the process for complaints management.

# 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 good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, evidence was seen of action being taken in response to identified risks.

### Are services effective?

The practice is rated as good for providing effective services.

Good



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

### Are services caring?

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

Requires improvement



- Data from the national GP patient survey showed patients rated the practice in line with local and national averages for several aspects of care, although patient satisfaction with interactions with GP staff was below average.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# 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.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 91% of patients in the GP patient survey said they could get through easily to the practice by phone, compared to the CCG average of 69% and national average of 73%.
- 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. The practice did not always formally acknowledge receipt of complaints, and did not always respond to written complaints in writing.
- 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

# Summary of findings

- 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 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.

Good



### People with long term conditions

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

- The practice had on-site access to a care coordinator, employed by the local GP consortium. The care coordinator worked with the practice to produce integrated care plans for patients with one or more long term condition. Care plans were kept at the patients home. The practice told us this was of particular help if a patient was admitted to hospital, as staff would have immediate access to information about a patients medical care and support arrangements. The practice told us 56 of their patients had been referred to this service.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 82% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 78% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



# Summary of findings

- 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. 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.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 78% and 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 midwives, health visitors and school nurses.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

**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, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**Good**





# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## 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).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice hosted a weekly external counselling service.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and forty two survey forms were distributed and 103 were returned. This represented 2% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by compared to the clinical commissioning group (CCG) average of 69% and the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.

- 66% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.
- 58% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 70% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received.

We spoke with nine patients during the inspection. Most patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Three patients commented on being either rushed or not fully listened to by clinicians.

# Dr Mahendra Mashru

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, and an Expert by Experience.

## Background to Dr Mahendra Mashru

Dr Mahendra Mashru, also known as King Edwards & Swakeleys Medical Centre is based in Ruislip, Middlesex. The practice list size is 5326. The practice population is and the practice is in an area in London of low deprivation, and has an age distribution similar to the national average for GP practices. The practice had a Personal Medical Services (PMS) contract.

The practice operates from two locations, the main surgery is on King Edwards Road in Ruislip, with a branch on Swakeleys Road in Ickenham. Both are converted premises. All patient facilities are wheelchair accessible and there are facilities for wheelchair users including an accessible toilet, and hearing loops. The King Edwards practice has access to four doctors' consultation rooms and one nurse consultation room on the ground floor. The Swakeleys branch has access to five doctors' consultation rooms, one nurse consultation room and one healthcare assistant consultant room on the ground floor.

The staff team comprises one male GP who is the sole provider, one female salaried GP and two long term locum GPs offering a total of 19 GP sessions per week. There are two female practice nurses. The non-clinical staff includes

a practice manager, two senior receptionists, three reception staff, one practice secretary and two deputy managers. The practice is a training practice and supports final year medical students.

The King Edwards branch is open between 8.30am and 1.30pm Monday to Friday, and the Swakeleys branch opens between 8.00am and 1.30pm. The King Edwards branch is open between 1.30pm and 6.30pm on Monday and Thursday, and the Swakeleys branch is open at the same times on Tuesday, Wednesday and Friday. Extended hours appointments are offered on Monday between 6.30pm and 7.00pm at King Edwards, on Wednesday between 6.30pm and 7.00pm at Swakeleys, on Thursday between 6.30pm and 7.00pm at King Edwards and every Saturday between 8.00am and 11.00am at both branches. Appointments are available at all times when the practice is open.

The practice is registered as an individual provider with the Care Quality Commission (CQC) to provide the regulated activities of; treatment of disease, disorder or injury; diagnostic and screening procedures and maternity and midwifery services. These regulated activities are provided at both locations.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

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

- Spoke with a range of staff including the GP provider, salaried GP, practice manager, practice nurse, administrative and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had a duty of candour policy which all staff were required to sign.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, following a prescription error we saw evidence of contact with the patient and an apology, as well as communication with the local pharmacist and an advocate from a local charity who was supporting the patient.
- The practice identified six significant events in the previous 12 months and had carried out a thorough analysis of each, we saw evidence that these were discussed in clinical meetings and learning was shared with the practice staff. In one example a patient had collapsed in the reception area of the practice and, although they received appropriate emergency care, the practice policy was not followed, and some staff had not been aware of the location of the emergency equipment. The practice responded to this by issuing an all-staff email outlining the incident and amending the practice policy by storing all emergency equipment and medication in one place. Following the incident the provider gave practical training sessions in basic life support to all staff.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, on receipt of a safety alert about a "kit" used to treat severe hypoglycaemia (low blood sugar), the practice

raised this at a clinical meeting, reviewed its own emergency medicines for treating this condition, contacted the local pharmacy to identify any patients who had been given the kit and ensured those patients were contacted.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses to level 2 with non clinical staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example the most recent infection control audit had resulted in the practice introducing disposable mops and plastic chairs.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

## Are services safe?

recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- The practice had conducted an audit into their adherence to their cold chain protocol.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a GP).
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and 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). The practice had taken action in response to identified risks, for example by covering frayed carpet that was identified by the most recent health and safety risk assessment.

- The practice kept a minor accident book in reception and we saw evidence that when accidents occurred and risks were identified action was taken to keep patients safe.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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 treatment room.
- The practice had a defibrillator available at both premises, as well as emergency oxygen with adult and children's masks. First aid kits and accident books 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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 94% of the total number of points available, compared to the Clinical Commissioning Group (CCG) average of 95% and the national average of 95%. The exception reporting rate was 5% compared to the CCG average of 8% and the national average of 9%.

(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 not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Overall performance for diabetes related indicators was comparable to the Clinical Commissioning Group (CCG) and national averages. For example, 82% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 78% and the national average of 78%. The number of patients who had received an annual review for diabetes was 81% compared to the CCG average of 87% and the national average of 88%.
- Performance for mental health related indicators was comparable to the CCG and the national averages. For example, 96% of a total of 55 patients with

schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months, compared to the CCG average of 91% and the national average of 88%.

- The number of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 92% compared to the CCG average of 85% and the national average of 84%.

Data published subsequently to the inspection showed that the practice QOF scores for 2015/16 was 99% with an exception reporting rate of 5%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last two years, two of these two were completed audits where the improvements made were implemented and monitored. For example an audit of patients who had been prescribed gluten free food identified 18 patients during the first cycle of the audit, of whom 17 had been prescribed in line with published CCG guidelines. The second cycle of the audit identified 16 patients who had all been prescribed in line with guidelines.
- The practice participated in local audits, national benchmarking, accreditation and peer review. For example the practice would benchmark its prescribing performance with practices in the local GP federation.
- Findings were used by the practice to improve services. For example, following an audit of furosemide prescribing in the practice, all patients who had been prescribed this medicine for more than ten years were contacted and invited to the practice for a medicines review (furosemide is a loop diuretic that prevents the body from absorbing too much salt).

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.



# Are services effective?

## (for example, treatment is effective)

- 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 and the practice nurse had received specialist training in diabetes and vaccinations.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The King Edwards branch was also a training practice and supported final year medical students.

### 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.
- High risk patients with complex health needs were identified and invited to the practice for a pharmacy and care plan review. 130 patients attended the practice as a result of this.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice provided a GP service to one care home and one assisted living service.

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 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 patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- The practice had on-site access to a care coordinator, employed by the local GP consortium. The care coordinator worked with the practice to produce integrated care plans for patients with one or more long term conditions. Care plans were kept at the patient's home. This was of particular help if a patient was admitted to hospital, as staff would have immediate access to information about a patient's medical care and support arrangements. 56 practice patients had been referred to this service.



# Are services effective?

(for example, treatment is effective)

- The practice worked with the local community dementia care specialist nurse to discuss the health care needs of these patients.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 78% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 100% and five year olds from 77% to 100%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 17 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 two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 65% of patients said the last GP they saw or spoke to was good at listening to them, compared to the CCG average of 83% and the national average of 89%
- 66% of patients said the last GP they saw or spoke to was good at giving them enough time, compared to the CCG average of 80% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.

- 57% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The practice had recognised some low levels of patient satisfaction with GP interactions and had produced an action plan following their analysis of the GP national patient survey and the NHS Friends and Family test. Post consultation surveys were conducted for two GPs which obtained feedback from 50 patients, these surveys did not identify any concerns with quality of care. The action plan noted efforts to recruit a salaried GP in order to reduce reliance on locum GPs which they told us may have contributed to this problem.

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

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

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

- 62% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 57% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 90% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments, compared to the CCG average of 87% and the national average of 90%.

## Are services caring?

- 80% of patients 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%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format and the practice leaflet was available in large print.

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

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

The practice's computer system alerted GPs if a patient was also a carer and the practice had a carers registration form available in reception. The practice had identified 213 patients as carers (4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

The practice had close links with nursing staff at a local hospice and were involved in care planning for patients receiving palliative care. Staff told us that if families had suffered bereavement, their usual GP contacted them and the practice sent them a sympathy card. 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 attended meetings with the CCG medicines management team to benchmark their performance in antibiotic prescribing and share best practice in the local area.
- The practice held a daily "walk in" clinic for registered patients between 10.00 and 11.00 at the King Edwards surgery.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There was no hearing loop installed at either branch.
- There were disabled facilities and translation services available.
- The practice had provided an in-house counselling service to patients in 2016 but this had ceased at the time of the inspection.
- The practice employed a social worker to work at the practice once a week to provide support to patients.
- There were large print copies of the practice leaflet available in the reception area.

### Access to the service

The King Edwards branch is open between 8.30am and 1.30pm Monday to Friday, and the Swakeleys branch opens between 8.00am and 1.30pm. The King Edwards branch is open between 1.30pm and 6.30pm on Monday and Thursday, and the Swakeleys branch is open at the same times on Tuesday, Wednesday and Friday. Extended hours appointments are offered on Monday between 6.30pm and 7.00pm at King Edwards, on Wednesday between 6.30pm and 7.00pm at Swakeleys, on Thursday

between 6.30pm and 7.00pm at King Edwards and every Saturday between 8.00am and 11.00am at both branches. Appointments are available at all times when the practice is open.

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

- 70% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 71% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.

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

The practice had a system in place to assess:

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

Patients requiring a home visit were asked to call the practice before 10am, which would be followed by a call back from a GP to assess the patient. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England but these were not always followed.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a poster in the reception area, a complaints form and information in the practice leaflet.

We looked at six complaints received in the last 12 months and found these were generally satisfactorily handled, dealt with in a timely way, openness and transparency with

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

dealing with the complaint. Two written complaints had been followed up with a phone call only and logged as "resolved by discussion" with no written response on file. In all cases, although responses were generally prompt, the practice did not routinely send a written acknowledgement on receipt of a complaint. The practice told us that this would be implemented immediately.

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example following feedback from patients regarding the reception staff the practice arranged additional training in customer care. Individual complaints were discussed at clinical and practice meetings.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. There were plans underway to expand the premises at the Swakeleys branch.

### 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.
- The practice had effectively managed the replacement of their practice manager, with one partner taking on some management responsibilities and the outgoing manager staying on as a part time business adviser while the new practice manager was new in post.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence, although complaints were not always well managed.
- The practice had a duty of candour policy in place which staff were required to sign.

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 and supported in doing so. We noted team away days were held every 12 months.
- 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.

### 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. For example the PPG told us that patients had given positive feedback about the recently introduced walk in service. The PPG met regularly, carried out patient surveys and

# Are services well-led?

Good 

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

submitted proposals for improvements to the practice management team. The practice also shared learning from complaints and responses to the NHS Friends and Family Test with the PPG.

- The practice told us they wished to engage more with younger patients by introducing a virtual PPG, although this was not yet in place at the time of the inspection.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

management. Staff told us they felt involved and engaged to improve how the practice was run. For example, the practice nurse had requested that appointments for diabetic patients be extended to 30 minutes and this was agreed by the provider.

## Continuous improvement

There was a focus on learning and improvement within the practice for example through their work with the local integrated care coordinator to improve care and treatment provided for patients with long term conditions.