

# Dr BK Jaiswal's Practice

## 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?		Requires improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr BK Jaiswal's Practice on 28th January 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.
- Some risks to patients were assessed and well managed. However, systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe.
- The practice had a number of policies and procedures to govern activity.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. However not all staff had up to date skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it difficult to make an appointment with a named GP as there was one GP partner and two locum GPs and therefore lacked continuity of care. However urgent appointments were 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 must make improvement are:

# Summary of findings

- Ensure that all mandatory training is completed according to the recommended schedule.
- Ensure that a risk assessment is carried out for not having a defibrillator on the premises.
- Ensure that calibration tests are carried out annually for all medical equipment
- Ensure infection control audits are carried out annually by trained staff.

The areas where the provider should make improvements are:

- Review the make-up of the Patient Participation Group to be a true representation of the patient population of the practice.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- The practice was clean and tidy, however there was a lack of systems, policies and processes to address infection control risks.
- Lessons were shared to make sure action was taken to improve safety in the practice, however annual calibration testing of clinical equipment was not carried out.
- There was a system in place for reporting and recording significant events.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, not all staff had received the required level of up to date training to carry out their roles.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the National GP Patient Survey showed patients rated the practice in line with the CCG and national averages for aspects of patient care.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a number of generic policies and procedures to govern activity.
- There were no formal systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The patient participation group was active. However, this was not a true representation of the practice population.
- The practice had a vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour. The management team encouraged a culture of openness and honesty.

Good



# 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 good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 76%, this was above the CCG average (72%) and national average (73%).

Good



### People with long term conditions

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

- All patient's with a long term condition had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP partner worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed.
- The practice was committed to improving performance. Performance for diabetes related indicators were better than CCG and national averages. For example, the percentage of patients with diabetes who had their blood pressure reading measured in the preceding 12 months of 140/80 mmHg or less was 85% (CCG and national average 78%).
- Clinical staff did not have lead roles in chronic disease management, however the clinicians ran regular asthma, diabetes and Chronic Obstructive Pulmonary Disease review clinics.
- The GP partner was responsible for identifying patients at risk of hospital admissions.

Good



### Families, children and young people

The provider 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.
- 71% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months, which was in line with the CCG (76%) and national average (75%)
- 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 80% which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

The provider 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 reflected the needs for this age group.
- The practice had carried out 18% of the NHS Health Checks for people aged 40 to 74 years, which was higher than CCG average (16%).

**Good**



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

The provider 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 multi-disciplinary teams in the case management of vulnerable people.

**Good**



# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

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

- 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators was better than the CCG and national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months is 100% (CCG average 91%, national average 90%).
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Four hundred and thirty seven survey forms were distributed and 133 were returned. This represented 2.99% of the practice's patient list.

- 74.9% found it easy to get through to this surgery by phone compared to a CCG average of 69.1% and a national average of 73.3%.
- 72.8% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76.1%, national average 85.2%).
- 75.3% described the overall experience of their GP surgery as fairly good or very good (CCG average 76.4, national average 84.9%).

66.8% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 66.3%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards, 27 of which were positive about the standard of care received. Patients commented on the cleanliness of the practice, and the professional and caring attitude of staff.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring. We spoke with five members of the patient participation group (PPG), who also said that both clinical and non-clinical staff were caring and compassionate. The PPG had 10-12 members who were white-English speaking patients. This was not a true representation of the patient population of the practice patient list.

# Dr BK Jaiswal's Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr BK Jaiswal's Practice

Dr Jaiswal's Practice is located in a residential area of Dagenham. It provides primary medical services to approximately 4,445 people living in Barking and Dagenham. The practice holds a General Medical Services (GMS) contract and is commissioned by NHSE London. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury. Services are provided from the location Julia Engwell Health Centre, Dagenham, RM9 4SR.

The practice is staffed by one GP partner and two locum GPs, one male and two females. They did 14 GP sessions cumulatively every week. The practice employs one part time female practice nurse prescriber and one female locum nurse. There is one practice manager, one assistant practice manager, four reception staff and one secretary.

The practice is open between 9.00am and 6.30pm Monday to Friday. The practice is open between 9.00am and 1.00pm on Wednesdays. Appointments are available between 9.30am to 1.00pm every morning and 4.30pm to 6.30pm every evening. Extended surgery hours are on Monday and Tuesday between 6.30pm and 8.00pm. Appointments can be booked over the phone, in person or online. The out of hours service is provided by alternative providers, the

Barking and Dagenham CCG. The details of this service are on the practice leaflet and on posters in the practice waiting area. The service is accessed by calling the practice number.

The practice has a higher than average population of patients aged 0 to 9 years and 25 to 39 years when compared to CCG and national average (as reported by Public Health England 2014). The average male life expectancy is one year less than the CCG average and two years less than the national average. The average female life expectancy is the same as CCG average and one year less than the national average. The number of patients suffering income deprivation is higher than the national average.

## 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.

# 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 28 January 2016. During our visit we:

- Spoke with a range of staff (clinical and non-clinical) 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 a system in place for reporting and recording significant events. However, there was no policy to govern this.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- We did not see evidence of safety records or patient safety alerts being formally discussed.

Lessons from significant events were shared to make sure action was taken to improve safety in the practice. For example, we saw a two week cancer referral that had been lost. The practice changed their procedures outlining that choose and book should always be completed for all referrals and if trained staff were not available then this should be faxed and a faxed receipt should be kept. The administration team would follow up referrals every week. All staff were advised of the changes and we saw evidence of this in the staff meeting minutes.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP partner was the lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. We saw evidence of the GP and one locum GP

trained to child safeguarding level three, however there were no child safeguarding training records for one of the locum GPs. We saw evidence of nurse having completed child safeguarding training Level three. Non clinical staff had been trained to level one.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had in house training for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The staff we spoke to were able to describe their role when chaperoning including where to stand to be able to observe an examination. We saw evidence of external chaperone training booked for March 2016 for all staff who acted as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The building cleaning and maintenance was managed by the local NHS Trust. The practice nurse was the infection control clinical lead. The practice had carried out an infection control audit in January 2016. The practice did not identify any areas of improvement. Staff we spoke with were unable to demonstrate a working knowledge of infection control and could not explain common abbreviations such as PPE (Personal protective equipment), however had reported in the audit that they had this equipment. The staff that carried out the audits did not have up to date infection control training. An external infection control audit had been carried out in July 2012 and recommendations were made. However, there were no records to show that these were actioned. There was no evidence of annual infection control audits being carried out between 2012 and 2016.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. The nurse was a qualified Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. However, the nurse was not currently using these skills. Patient Group Directions (PGDs are written instructions for the supply or administration of medicines to groups of patients

# Are services safe?

who may not be individually identified before presentation for treatment) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The practice did not have a recruitment policy. We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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 managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available to staff which identified local health and safety representatives. The practice had up to date fire risk assessments carried out in March 2013 and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use, however clinical equipment had not been checked to ensure it was working properly since March 2014. Following the inspection we were provided with evidence that calibration tests been carried out for all clinical equipment on 3 February 2016 and all equipment had been approved. 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 legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice manager had 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 some arrangements in place to respond to emergencies and major incidents.

- Staff had not received basic life support training since March 2013. We saw evidence of basic life support training being booked for all the staff in March 2016.
- The practice did not have a defibrillator available on the premises and did not carry out a risk assessment. The practice did have oxygen with adult and children's masks. A first aid kit and accident book were available.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan that was last reviewed in December 2015. This was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and the GP partner told us they had a copy of this at home.

# 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 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 99.2% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets or 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). Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the practice register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less is 84.8% (national average 78.0%), with 12.7% exception reporting (national average 10.8%).
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less is 87.2% (national average 83.6%), with 2.4% exception reporting (national average 3.8%).

- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months is 100% (national average 89.5%), with 2.1% exception reporting (national average 11.1%).

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, a recent audit had been carried out on asthma and inhaler technique. Results showed that the practice was able to increase the number of asthma reviews they carried out on patients between June 2014 and June 2015 from 82% to 92%.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice nurse carried out reviews of patients with long term conditions, administering vaccinations and took samples for cervical screening programme. The practice nurse told us she attended monthly training forums run by the CCG to keep up to date with clinical knowledge. However, we saw no evidence that the practice nurse had completed cervical smear training, administering vaccines, diabetes management training or other training to manage patients with long term conditions apart from spirometry training carried out in March 2015. We saw evidence that the locum nurse had completed cervical smear testing training in 2010.
- All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures and health and safety. Staff had access to and made use of e-learning training modules and in-house training.



# Are services effective?

(for example, treatment is effective)

## 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 when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

## 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. We saw evidence of GPs using the Gillick or Fraser competency.
- 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. We saw evidence of this on patient records.

## Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 80.2%, which was comparable to the CCG average of 80.3% and the national average of 81.8%. The practice offered telephone or letter reminders for patients who did not attend their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for Chlamydia screening was the second highest in the CCG.

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 72% to 100% and five year olds from 41% to 73%.

Flu vaccination rates for the over 65s were 76%, and at risk groups 69%. These were above CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice had completed 45% of care plans and health checks for patients over 75 in the past five months. 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 received 29 patient Care Quality Commission comment cards. Twenty-seven 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Two comment cards said they found it difficult to make an appointment and the waiting time to be seen could be up to 45 minutes.

We spoke with five members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We spoke with six patients who all said they felt all the staff at the surgery treated them with respect and compassion. They did comment about the lack of privacy in the waiting area but believed that if they needed to speak in private then the reception team would offer them a room to speak in private.

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

- 80.4% said the GP was good at listening to them (CCG average of 80.9%, national average of 88.6%).
- 79.2% said the GP gave them enough time (CCG average 79.3%, national average 86.6%).
- 93.9% said they had confidence and trust in the last GP they saw (CCG average 90%, national average 95.2%)

- 78.5% said the last GP they spoke to was good at treating them with care and concern (national average 85.3%).
- 84.6% said the last nurse they spoke to was good at treating them with care and concern (national average 90.6%).
- 83.7% said they found the receptionists at the practice helpful (CCG average 83.7%, national average 86.8%)

### 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 comparable to local and national averages. For example:

- 85.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78.8% and national average of 86.0%.
- 75.5% said the last GP they saw was good at involving them in decisions about their care (national average 81.6%)
- 82.7% said the last nurse they saw was good at involving them in decisions about their care (national average 85.1%)

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

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there were posters and information leaflets in the waiting room on local carer support groups, recovery services for drug and alcohol users and support groups for people suffering from depression and anxiety.



## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.4% of patients on the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. There were signs in the waiting area advising patients to inform the receptionist if they were carers or had a carer. An additional carer information form was available to complete at the point of registration. This would be stored on the patient record and would alert all staff.

Staff told us that if families had suffered bereavement, their usual GP contacted them or 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 offered evening appointments between 6.30pm and 8.00pm, Monday and Tuesday for working patients who could not attend during normal opening hours.
- Nurse appointments were available on Tuesday and Friday morning between 9am and 3.30pm and in the evening between 4.00pm and 6.30pm in the evening. There were nurse appointments available on Fridays between 6.30 and 8.00pm.
- There were longer appointments available for patients with a learning disability and for any patient that requested a double appointment.
- Home visits were available for patients whose condition meant they could not attend the practice.
- Same day appointments were available for children, people with no fixed abode and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and students could have the meningitis ACWY vaccination (young teenagers and students going to university for the first time are advised to have a vaccination to prevent meningitis W disease).
- There were disabled facilities, a hearing loop and telephone translation services available.

### Access to the service

The practice was open between 9.00am and 6.30pm Monday to Friday, with the exception of Wednesday when the practice was open between 9.00am and 1.00pm. Appointments were from 9.00am to 11.30am every morning and 4.00pm to 6.30pm daily. Appointments on Wednesday were between 10.30am and 1.30pm. Extended surgery hours were offered at the following times on Monday and Tuesday between 6.30pm and 8.00pm. Pre-bookable appointments could only be booked up to one week in advance and urgent appointments were also available for people that needed them on the day or patients were directed to the Hub at Barking Hospital.

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 in some aspects:

- 71.0% patients said they could get through easily to the surgery by phone (national average 73.3%).
- 33.4% patients said they always or almost always see or speak to the GP they prefer (national average 36.2%).
- 70.0% patients said the GP surgery currently opened at times that are convenient (national average 73.3%).

However, patient's satisfaction with waiting times was lower than the CCG and national averages:

- 64.9% of patients said that they feel they normally have to wait too long to be seen (CCG average 46.5%, national average 34.5%).
- 23.8% patients feel they do not normally have to wait too long to be seen (CCG average 46.1%, national average 57.7%).

People told us on the day of the inspection that they were not always able to get appointments when they needed and were directed to the Hub. Patients said they found the one-week appointment system at the practice inconvenient and would prefer if they could book up to two weeks in advance.

### 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.
- The lead GP and practice manager were responsible for handling all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example on notice board in the reception area, in the patient leaflet and on the practices website. Patients we spoke to on the day said they would feel comfortable to speak to any member of staff about any concerns or compliments.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and dealt with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We saw evidence of complaints and

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

compliments being discussed at practice meetings. For example, we saw evidence of a patient complaint regarding long waiting times to see a GP and nurse when having

post-natal checks. We saw evidence of the practice meeting minutes where all staff was advised to inform patients at the point of booking about the length of time the appointments could take up to.

# 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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and displayed its values and vision in the waiting areas and staff knew and understood them.
- We did not see evidence of the practice having an effective strategy and supporting business plan in place that reflected the vision and values and these were not regularly monitored.

### Governance arrangements

The practice did not have an overarching governance framework. They had some governance, which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place:

- The practice did not keep evidence of completed appropriate training for all staff. For example, the practice did not have training records for the nurse or locum GP's to evidence that they could carry out duties they performed.
- Generic policies were available to staff, however there were no policies to govern incident reporting or recruitment.
- There was a staffing structure and staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained and these were discussed in practice meetings.
- There was some clinical and internal audits carried out.
- There were some arrangements for identifying, recording and managing risks. However, the systems for sharing safety alerts were not effective.

### Leadership and culture

The lead GP and practice manager in the practice prioritised 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.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held monthly team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the lead GP and 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.

- The practice had gathered feedback from patients through the patient participation group (PPG). There was an active PPG which met every quarter and submitted proposals for improvements to the practice management team. For example, the PPG suggested that the practice put a sign outside the surgery informing patients and visitors of surgery opening and closing times. The practice updated their information board outside the practice with this notice. The PPG had also requested for a visual aid display, which they believed would help reduce reception staff workload. However, the practice dismissed this due to lack of funding. The majority of the PPG was composed of white-English speaking people and this was not a true representation of the patient population of the practice.
- The practice had gathered feedback from staff generally through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. We saw minutes of practice meetings which had a set agenda including giving staff opportunity to raise any ideas or raise concerns.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>They had failed to identify the risks associated with a lack of a defibrillator and the risks posed by not carrying out a risk assessment for this. The provider could not evidence that staff had completed appropriate training to enable them to carry out duties they performed. The provider did not conduct annual infection control audits or carry out annual calibration tests of medical equipment used to provide care.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>