Dr R Chibber'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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr R Chibber's Practice on 15 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 a system was in place for reporting, recording and learning from significant events. The provider did not have policy and procedures in place to guide staff in the handling of notifiable safety incidents in accordance with the Duty of Candour, however.
- Risks to patients were assessed and well managed, with the exception of those relating to some recruitment checks, aspects of infection control, and equipment to deal with medical emergencies.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff demonstrated they had the skills, knowledge and experience to deliver effective care, however not all staff had had an annual appraisal in the 12 months prior to the inspection to review their performance and discuss areas for improvement and development, and their appraisal was overdue.
- Results from the national GP survey published in July 2015 were in line with CCG and national averages for the most part. One of the GPs was reducing their clinical hours and this had resulted in a few results that were below the CCG and national averages about the caring and responsive nature of the service. Improvements had been made to the telephone and appointment system and patient feedback we received as part of this inspection was very positive about these aspects of the service.
- Urgent appointments were available on the day they were requested.
- Information about services and how to complain was available and easy to understand.
- The practice 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.

Summary of findings

- The practice had an active patient participation group.

The areas where the provider must make improvements are:

- Ensure DBS checks are completed on all staff acting as chaperones.
- Ensure an infection prevention and control audit is carried out annually and that all staff receive infection prevention and control training relevant to their role.
- Ensure a legionella risk assessment is completed for the practice premises.
- Ensure oxygen and an automated external defibrillator (AED) is available to meet the needs of patients in medical emergencies.

In addition the provider should:

- Put in place policy and procedures to guide staff in the handling of notifiable safety incidents in accordance with the Duty of Candour.
- Consider the level of child safeguarding training required for the practice safeguarding lead, and the need for safeguarding adults training for all staff.
- Put in place a written business continuity plan to ensure clear instruction and guidance is available to all staff.
- Put systems in place so that staff receive timely annual appraisals.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services, as there are areas where improvements should be made.

- Staff understood their responsibilities to raise concerns and to report incidents. Lessons were shared to make sure action was taken to improve safety in the practice.
- There were clearly defined and embedded systems, processes and practices in place to keep patients safe in the areas of medicines management and safeguarding from abuse.
- Some other systems and processes to address risks were not implemented well enough to ensure patients were kept safe in the areas of Disclosure and Barring Service (DBS) checks for all staff acting as chaperones; infection prevention and control annual audit, training for staff, and legionella risk assessment; and equipment to deal with medical emergencies.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above the average for the CCG and compared with the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Not all staff had had an appraisal in the 12 months prior to the inspection and their annual appraisal was overdue.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice in line with CCG and national averages for most aspects of experience of a caring service. One of the GPs, a very popular GP, was reducing their clinical hours which was reflected in a few lower than average scores as patients got used to the change.
- As part of our inspection, patients told us 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?

Good

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. For example the provider had made a successful bid for an improvement grant to make improvements to the waiting area and to make the toilet accessible to wheelchair users.
- Same day appointments were available for urgent cases and some walk in appointments were also made available, on a sit and wait basis. Appointments were also available up to 10.00pm each week day and between 8.00am and 8.00pm on Saturday and Sunday through the GP Access Hub provided by the local GP federation.
- The practice was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear aim and objectives to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to the aim and objectives.
- 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 staff meetings.
- There was an overarching governance framework which supported the delivery of the aims and objectives. This included arrangements to monitor and improve quality.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Good

The provider was 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 prioritised them for same day appointments. Home visits were available for those who needed them.

People with long term conditions

Good

The provider was 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 prioritised them for same day appointments. Home visits were available for those who needed them.

Families, children and young people

Good

The provider was rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances, for example those on the at risk register or affected by domestic violence. Immunisation rates were relatively high for all standard childhood immunisations for the 12 months age group. Comparative data was not available for other age groups.
- The practice had taken action to improve its cervical screening uptake to between 70 to 80% each quarter since March 2015. Its uptake for chlamydia screening compared well with other practices in Barking and Dagenham.
- Prevalence at 6-8 weeks after birth was compared well with other practices in Barking and Dagenham.
- Children and babies were prioritised for same day appointments.
- The practice provided contraceptive implants.

Working age people (including those recently retired and students)

Good

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

Summary of findings

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

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and appointments at the end of surgery when it was less crowded and distressing for them.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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)

Good

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

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. The national average was 84%.
- Performance for mental health related indicators for patients with schizophrenia, bipolar affective disorder and other psychoses was comparable with national averages.

Summary of findings

What people who use the service say

The national GP patient survey results published on 02 July 2015 showed the practice was performing in line with local and national averages mostly. The results were based on 450 survey forms sent out and 69 forms returned giving a completion rate of 15%.

- 57% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 70% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76%, national average 85%).

However,

- 63% described the overall experience of their GP surgery as fairly good or very good, which compared less well with the CCG average of 76% and the national average of 85%.
- 45% said they would recommend their GP surgery to someone who has just moved to the local area, which compared less well with the CCG average of 66% and the national average of 77%.

The result of the friends and family test that asks patients whether they would recommend the practice to friends and family if they needed similar care and treatment was 81% based on 16 responses (monthly score, January 2016).

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards, 12 of which were wholly positive about the standard of care received. All patients said they were listened to and had been helped, and that staff were caring and friendly. While most patients said the appointment system worked for them, the two comments cards that gave some negative feedback concerned the appointment system. One of these patients said one week (or longer to see a named GP) was too long to wait for a routine appointment, and the other patient said and that queueing outside for 30 to 45 minutes for an emergency appointment was not acceptable to them.

We spoke with five patients during the inspection. Four of the five patients said they were happy with the treatment they received and the appointment system. They were seen when they needed to be seen and said the GPs and nurses were thorough, gave them options, and explained things well. One of the patients felt rushed, however, and was unhappy that they were allowed to discuss only one issue per appointment.

Dr R Chibber'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 second CQC inspector.

Background to Dr R Chibber's Practice

Dr R Chibber's Practice, also known as Dr Gupta and Partner, is located in Barking in the London Borough of Barking & Dagenham. It is one of the 40 member GP practices in NHS Barking and Dagenham CCG.

The practice serves a predominantly Asian / Asian British population (57%). A further 24% of the local population identifies itself as White and 13% as Black / African / Caribbean / Black British. The practice is located in the fourth more deprived decile of areas in England. At 79 years, male life expectancy is the same as the England average. At 84 years, female life expectancy exceeds the England average of 83 years.

The practice has approximately 4,250 registered patients. Services are provided by the Dr R Chibber's Practice partnership under a General Medical Services (GMS) contract with NHS England. The partnership is made up of two GPs.

The practice is in a converted house. The ground floor is accessible to wheelchair users with assistance from staff. On the ground floor, there is the waiting area, a GP consulting room and the practice nurse's treatment room. A second GP consulting room is up a flight of stairs. The practice is close to public transport and the provider has worked with the local authority to ensure there is some free and disabled on street parking nearby in an area where parking is otherwise restricted. The practice has recently learned that its application for an improvement grant has been successful. It plans to improve disabled access to the building, the fire alarm system and seating in the waiting area with this grant.

There are four long term locum GPs working at the practice in addition to the two GP partners. In all there are three male and three female GPs making up the equivalent of three whole time GPs. Appointments are available with a female GP at every surgery. There are two female part time practice nurses which together make up one whole time equivalent. There is a practice nurse available every week day morning and two evenings a week. There are 10 part time administrative staff and a part time practice manager, although much of the management of the practice is undertaken by one of the GP partners.

The practice is open from 9.00am to 7.00pm every week day except Thursday when it closes at 2.00pm. Appointments are available from 9.10am to 2.00pm and from 4.00pm to 6.50pm every week day except Thursday when the practice closes at 2.00pm. Bookable appointments on Thursday afternoons, later into the evening, and at the weekend are available through the Barking and Dagenham Access Hub provided by Together First, the local GP federation.

Dr R Chibber's Practice is registered with the Care Quality Commission to carry on the following regulated activities at 7 Salisbury Avenue, Barking, Essex IG11 9XQ: Treatment of disease, disorder or injury; Diagnostic and screening procedures; Family planning and Surgical procedures. However Surgical procedures were not being provided and the provider was advised to remove this regulated activity from its registration.

Detailed findings

Why we carried out this inspection

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

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

We inspected this service previously on 03 October 2013 and found it was complaint with the essential standards we looked at.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 January 2016.

During our visit we:

- Spoke with a range of staff including GPs, practice nurses, and administrators, and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed documentation the provider gave us about the operation, management and performance of the service.
- 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events to identify ways in which they could be prevented from happening again, where possible.

We reviewed incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had reviewed its response to a patient who had fainted in the waiting area to check that everything possible had been done to take care of them appropriately.

Staff we spoke with demonstrated an open and transparent approach to significant events. The provider however did not have policy and procedures in place to guide staff in the handling of notifiable safety incidents in accordance with Regulation 20 Duty of Candour, a new CQC regulation applying to all providers from 01 April 2015.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and they had received child safeguarding and domestic violence training. Not all staff had received safeguarding adults training however. GPs were trained to level 3 in safeguarding children. There was a safeguarding lead member of staff who was a member of non clinical staff trained to level 1 in safeguarding children.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out medicines audits, with the support of the local CCG pharmacy teams and took part in CCG medicines management meetings, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patients could order repeat prescriptions online.
- 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.

However, the following systems and processes to address risks were not implemented well enough to ensure patients were kept safe:

- 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, however non clinical staff acting as chaperones had not 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. We reviewed two personnel files and found appropriate recruitment checks had otherwise been undertaken prior to employment.
- We observed the premises to be clean and tidy. Infection control protocols were available. The practice nurse was the infection control clinical lead and one of the senior administrators was the deputy lead. Clinical waste management and domestic cleaning procedures were in place and there were adequate supplies of single use items and personal protective equipment available. However, non clinical staff had not received infection prevention and control training and there had been no infection control audit of the practice in the 12 months prior to our inspection.

Monitoring risks to patients

Not all risks to patients were assessed and well managed.

Requires improvement

Are services 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 that enough staff were on duty.
- A fire risk assessment had been carried out on 12 January 2016. Some areas for improvement had been identified, including installation of a new fire alarm system and the introduction of fire drills. The provider was developing an action plan to address these areas.
- There was a health and safety policy available.
- Clinical equipment was regularly checked and serviced to ensure it was working properly.
- A legionella risk assessment had not been carried out. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

Arrangements to deal with emergencies and major incidents

Not all of the arrangements the practice had in place were adequate 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 emergency medicines were available.
- The practice did not have an automated external defibrillator (AED) available on the premises and there was no risk assessment in place to support this decision. The oxygen cylinder was not operative although the provider was putting arrangements in place to have the oxygen cylinder replaced within the next few days. The provider advised us they would obtain an AED.
- The practice did not have a written business continuity plan in place, however, emergency contact numbers were available for staff and they demonstrated they knew what to do, for example in the event of the computer or the telephone system not working.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 93% of the total number of points available, with 7% exception reporting, compared with the England averages of 94% and 9% respectively. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The practice was not an outlier for any QOF indicator but was an outlier for two Prescribing indicators:

- At 0.63 the average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was significantly higher than the England average of 0.29 in 2014. The practice had changed its prescribing policy to restrict these kinds of medicines being issued on repeat prescription, and was supporting patients who had been using these of medicines for a long time to stop where possible.
- At 59% the number of Ibuprofen and Naproxen Items prescribed as a percentage of all Non-Steroidal Anti-Inflammatory drugs (NSAIDs) Items prescribed was significantly lower than the England average of 78% in 2014. The practice had changed its prescribing policy to restrict NSAIDs being issued on repeat prescription and had reviewed patients receiving NSAIDs to ensure they were receiving this treatment in accordance with NICE guidance.

QOF data from 2014-15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of these patients in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less was 87% (national average 78%), and the percentage of the these patients with a record of a foot examination and risk classification within the preceding 12 months was 89% (national average 88%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90 mmHg or less was similar to the national average (practice 79%, national average 84%).
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90 % (national average 88%). All of the patients diagnosed with dementia were reviewed in a face-to-face meeting in the preceding 12 months (national average 84%).

Clinical audits demonstrated quality improvement.

- There had been two clinical audits carried out in the 12 months prior to the inspection. One of these was a completed audit where the improvements made were implemented and monitored. This audit looked at Non-Steroidal Anti-Inflammatory drugs (NSAIDs) prescribing and showed that changes to prescribing practice made in September 2015 had resulted in no patient inappropriately receiving an NSAID on repeat when the second cycle of the audit was completed in January 2016.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included changes to the way in which the indication for clopidogrel at the time of hospital discharge is added on the repeat medication page in the patient's electronic

record. This is to make it clearer to the prescriber why the patient is on the drug and when they are due to complete the course. Clopidogrel is an antiplatelet medicine and it reduces the risk ofblood clots forming.

Information about patients' outcomes was used to make improvements and the practice participated in local benchmarking. For example it made use of the national general practice profiles produced by Public Health England to monitor its performance compared with other practices in the CCG area. This information showed for example the practice performed well in respect of breast feeding, chlamydia screening and the NHS Health Check. It also showed areas for improvement which the practice acted on. For example the lead GP had completed an Improving Cancer Awareness Training course in September 2015 and was liaising with the CCG Cancer lead to improve cancer diagnosis rates.

Effective staffing

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

- Newly appointed staff we spoke with were familiar with the practice's procedures, for example for incident reporting, safeguarding, maintaining patient confidentiality, fire evacuation, and booking appointments. Support arrangements had been put in place to help them settle into their role. One of the senior administrators had recently been tasked with putting in place a formal induction programme for all new staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at CCG practice nurse forum and training events.
- Staff had access to training to meet their learning needs and to cover the scope of their work. For example, one of the practice nurses was being enabled to complete a higher education degree with a view to becoming a nurse practitioner, a member of the administrative team had completed chlamydia screening training, and another had completed British Sign Language (BSL) training. Staff felt their training and development needs were also being met through ongoing ad hoc one-to-one support, staff meetings, coaching and clinical supervision. Not all staff had had a formal appraisal in the 12 months prior to the inspection however, to review their performance and discuss areas for improvement and development, and their annual appraisal was overdue. One of the senior administrators had recently been tasked with putting arrangements in place to ensure every member of staff received an annual appraisal. Facilitation and support was in place for revalidating GPs and practice nurses.
- Staff received training that included child safeguarding, basic life support and domestic violence. Practice nursing staff had also received immunisation and infection control training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other 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 to, or after they were discharged from community and secondary care services. We saw evidence that multi-disciplinary integrated care management (ICM) team meetings took place at the practice on a fortnightly basis and that care plans for people with complex needs were reviewed and updated.

Consent to care and treatment

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

Good

Are services effective?

(for example, treatment is effective)

- 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, together with the patient's carer, made a decision about treatment in the best interest of the patients.

Supporting patients to live healthier lives

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

- The national general practice profile produced by Public Health England showed the practice performed well in 2014/15 when compared with other practices in the CCG area for the NHS Health Check, which asses a person's risk of developing a long-term condition such as diabetes or cardiovascular disease. These patients were given extra support, for example weight management or smoking cessation advice, and were signposted to other relevant services.

The practice's uptake for the cervical screening programme in 2014/15 was 64%, which was low compared with the CCG average of 72% and the national average of 74%. The practice had taken action to improve uptake, for example administrative staff were booking women in to have their smear while they were at the practice for another reason and providing telephone appointment reminders. The practice was auditing uptake every three months, which had increased to between 70% and 80% each quarter since March 2015. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were better than CCG averages for the 12 months age group, ranging from 87% to 100% (CCG averages ranged from 23% 89%). Childhood immunisation rates for the vaccinations given to the 24 months age group ranged from 70% to 100% and to five years age group, 61% to 73%. Comparative data for the 24 months and five years age group was not available.

Flu vaccination rates were 65% for the over 65s and 66% for at risk groups. These rates were comparable to the national averages of 73% and 56% respectively.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received only positive feedback on the care experienced in the 14 patient Care Quality Commission comment cards we received. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards also highlighted that staff responded compassionately when the patient had needed help and had provided support when required.

We spoke with three members of the patient participation group. They also told us they were very satisfied with the care provided by the practice and commended the doctors and other staff highly for their caring attitude and commitment to patients.

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

- 68% said the GP was good at listening to them compared to the CCG average of 81% and national average of 89%.
- 63% said the GP gave them enough time (CCG average 79%, national average 87%).
- 89% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 97%)
- 77% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 90%).
- 79% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%)

However it did not compare well with the CCG and England average for the following score:

- 62% said the last GP they spoke to was good at treating them with care and concern (CCG average 76%, national average 85%).

The provider explained this was due to one of the GPs reducing their clinical hours and patients' disappointment at not being able to see this very popular doctor.

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 aligned with these views.

Results from the national GP patient survey showed patients did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment, however:

- 66% said the last GP they saw was good at explaining tests and treatments, in line with the CCG average of 78% and the national average of 86%.
- 74% said the last nurse they saw was good at involving them in decisions about their care, in line with the CCG average of 80% and the national average 85%.
- 58% said the last GP they saw was good at involving them in decisions about their care, which was significantly below the CCG average of 72% and the national average of 81%.

Staff at the practice spoke a number languages in common with its practice population including English, Punjabi, Hindi and Bengali. Translation services were available for patients where required.

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.

Good

Are services caring?

The practice had identified 16% of the practice list as having a caring responsibility compared with the CCG average of 15%. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement the GP or practice nurse would make contact with them to offer support and advice. One patient we spoke with said the reception staff had contacted them to give their condolences, which they had appreciated.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, it had successfully applied for an improvement grant to improve disability access to the premises, and seating and ventilation in the waiting area.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Walk in appointments were available as well as same day appointments for children, those with serious medical conditions, and those previously identified as needing these.
- The practice was a designated yellow fever vaccination centre.
- Translation services were available.

Access to the service

The practice was open between 9.00am and 7.00pm every week day except Thursday when it closed at 2.00pm. Appointments were available between 9.10am and 2.00pm and 4.00pm and 6.50pm every week day except Thursday when the practice closed at 2.00pm. Bookable appointments on Thursday afternoons, later into the evening and at the weekends were available through the Barking and Dagenham Access Hub provided by the local GP federation.

Pre-bookable appointments with a GP were available up to one week in advance and up to two weeks in advance with a practice nurse. The practice had tried booking appointments further in advance but found that the number of missed appointments rose significantly. Some walk in appointments were available every day as well as urgent appointments for people who needed them. People requiring a same day appointment were required to come to the practice at 9.00am or 4.00pm in person, although some patients were pre identified to be given a same day appointment whenever they needed to see the GP. GP telephone consultations were available. Patients could book appointments online.

There was a practice nurse every week day morning and two afternoons a week. The practice nurses worked flexibly so that patients could be seen opportunistically for screening, health checks and reviews.

Results from the national GP patient survey showed:

- 57% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 37% patients said they always or almost always see or speak to the GP they prefer, compared (CCG average 51%, national average of 60%).
- 54% of patients were satisfied with the practice's opening hours (CCG average 73%, national average of 75% - a significant variation).

The provider and the patient participation group said things had improved since the telephone system had been upgraded, with most calls now being answered within three minutes. They also said there was a continuing need for patient education about the availability of GP appointments provided by the Barking and Dagenham Access Hub up to 10.00pm Monday to Friday and between 8.00am and 8.00pm on Saturdays and Sundays.

People told us on the day of the inspection that they were able to get appointments when they needed them. The number of Emergency Admissions for 19 Ambulatory Care Sensitive Conditions per 1,000 population was comparable to the national average.

Listening and learning from concerns and complaints

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

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

We looked at two complaints received in the 12 months prior to the inspection and found these were acknowledged and responded to in a timely way. Lessons

Good

Are services responsive to people's needs?

(for example, to feedback?)

were learnt from complaints and action was taken as a result to improve the quality of care. For example, the appointment system was reviewed and additional training was given to staff following a complaint about reception.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice's aim and objectives were clearly set out in its Statement of Purpose. Its aim was to provide high quality primary care treatment to all our patient population particularly the elderly and infirm; people with long term conditions; families, children and young people; working age people; the vulnerable; and those with dementia and mental health problems.

Its objectives were to:

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

In order to meet these objectives, the provider stated:

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

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

Governance arrangements

The practice had governance framework in place which supported the delivery of services to patients. The framework ensured:

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

Leadership and culture

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported and that they all worked well together as a team. They were involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly and submitted

Are services well-led?

Good

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

proposals for improvements to the practice management team, for example the telephone system had been upgraded and walk in appointments had been reinstated.

- The practice had gathered feedback from staff through discussions and staff meetings. 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 to improve call back systems for cervical screening.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Recruitment procedures were not established and operated effectively to ensure that persons employed are of good character. Not all staff that might be called upon to act as a chaperone had a Disclosure and Barring Service (DBS) check. This was in breach of regulation 19(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider was not preventing, detecting and controlling the spread of infections including those that are health related. Non clinical staff had not received relevant training and an infection control audit of the practice had not been carried out in the 12 months prior to the inspection. There was no legionella risk assessment in place. This was in breach of regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Care had not been designed to meet patients' needs in medical emergencies. The practice did not have oxygen and an automated external defibrillator (AED) available. This was in breach of regulation 9(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.