

# Dr Avinash Suri

## 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# 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 Suri Avinash on 15 October 2015. Overall the practice is rated as requires improvement.

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

- Not all the shortfalls in staff training we identified at our last inspection of the practice in July 2014 had been addressed. Not all staff had received training on safeguarding vulnerable adults or refresher training on infection control, despite the provider sending us an action plan stating staff would complete training by November 2014. Other shortfalls we had identified in training for staff on health and safety at work and handling patient confidential information safely had been addressed.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.

- Data showed patient outcomes were similar to national averages. We saw evidence that audits were driving improvement in performance to improve patient outcomes.
- 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.
- Urgent appointments were available on the day they were requested, and patients said they could get non-urgent appointments easily.
- The practice had proactively sought feedback from patients.

The areas where the provider must make improvements are:

- Ensure all staff that might be called upon to act as a chaperone have received a Disclosure and Barring Service (DBS) check.
- Ensure the DBS check is completed satisfactorily before a new member of staff begins to treat patients or that provisions are made to safeguard patients when there is a delay in the DBS process.

# Summary of findings

- Ensure information in relation to each person working for the service as specified in Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 is available for staff who joined the practice after 01 April 2013.
- Ensure the action plan arising from the infection control audit in 2014 is completed.
- Ensure a defibrillator is available or a risk assessment is completed and documented that indicates the practice does not need a defibrillator to mitigate risks to the safety of patients.
- Ensure staff have the appropriate level of competence in safeguarding vulnerable adults, infection control and cardiopulmonary resuscitation (CPR).
- Ensure systems and processes are established and operated effectively to support the Practice Manager in their role.

In addition the provider should:

- Review and update where necessary its business continuity plan for major incidents and include within the plan arrangements to be put in place in the event of the GP having to take leave unexpectedly.

- Make explicit to staff its policy on resourcing training to meet practice development needs and training, if any, to further an individual's interests, ambitions and career development.

Where a practice is rated as inadequate for one of the five key questions or one of the six population groups it will be re-inspected within six months after the report is published. If, after re-inspection, it has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place it into special measures. Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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.

**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 as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. While risks to patients who used services were assessed, some systems and processes to address these risks were not implemented well enough to ensure patients were kept safe, namely recruitment procedures, infection control and preparedness for medical emergencies.

Requires improvement



### Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made. Not all the shortfalls in staff training we identified at our last inspection of the practice in July 2014 had been addressed. Not all staff had received training on safeguarding vulnerable adults or refresher training on infection control, despite the provider sending us an action plan stating staff would complete this training by November 2014. In addition, non clinical staff had not completed annual cardiopulmonary resuscitation (CPR) refresher training within the 12 months prior to this inspection in October 2015.

Data showed patient outcomes were mostly in line with national averages. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely for the most part. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Inadequate



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day. The practice had good

Good



# Summary of findings

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 that the practice responded quickly to issues raised.

## Are services well-led?

The practice is rated as requires improvement for being well-led. The provider prioritised safe, high quality and compassionate care, and governance arrangements were largely in place to support this. However the role of the Practice Manager was not well defined and the Practice Manager felt disempowered and unsupported. All staff except the Practice Manager had received an appraisal in the 12 months prior to the inspection.

The practice proactively sought feedback from patients and had an active patient participation group (PPG).

**Requires improvement**



# 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 provider was rated as requires improvement for safety and for well-led and inadequate for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were comparable to national averages for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, for people with dementia, and offered shingles immunisation.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safety and for well-led and inadequate for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The Practice Nurse had a lead role in chronic disease management. All these patients had a structured annual review to check that their health and medication needs were being met and longer appointments were routinely booked for these reviews. There was a part time phlebotomist at the practice to take blood samples from those patients who found it difficult to access the blood test centres in the borough. For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care. Self care amongst patients with long term condition was supported, for example patients with chronic obstructive pulmonary disease (COPD) were issued with rescue packs to manage any escalation in their symptoms without having to go to the GP or the hospital.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement for safety and for well-led and inadequate for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were on the at risk register. Staff knew how to recognise signs of abuse in 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.

**Requires improvement**



# Summary of findings

Immunisation rates were comparable with local averages for all standard childhood immunisations, and the practice also offered rotavirus immunisation. Parents told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours. Thirty minutes appointments were booked for the six week postnatal new mother and baby check up with the GP, to allow enough time for the review.

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

The provider was rated as requires improvement for safety and for well-led and inadequate for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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 opened on Saturday mornings and was proactive in offering online services, including online appointment booking and ordering repeat prescriptions. It offered a full range of health promotion and screening that reflected the needs for this age group.

**Requires improvement**



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

The provider was rated as requires improvement for safety and for well-led and inadequate for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including people of no fixed abode and those with a learning disability. It had carried out annual health checks for people with a learning disability and patients had received a follow-up when required. The practice offered longer appointments for people with a learning disability. The practice regularly worked with other health and care providers in the case management of vulnerable people. It told vulnerable patients about how to access various support groups and voluntary organisations.

**Requires improvement**



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

The provider was rated as requires improvement for safety and for well-led and inadequate for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Requires improvement**



## Summary of findings

Ninety three per cent of people experiencing poor mental health had a comprehensive agreed care plan documented in their records. The practice worked with other health and care providers in the case management of people experiencing poor mental health, including those with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing well compared with local and national averages. There were 99 responses out of a total of 430 forms distributed, giving a response rate of 23%.

- 98.5% find it easy to get through to this surgery by phone compared with a CCG average of 52.5% and a national average of 73.3%.
- 96.5% find the receptionists at this surgery helpful compared with a CCG average of 77.5% and a national average of 86.8%.
- 95.9% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 77% and a national average of 85.2%.
- 99% say the last appointment they got was convenient compared with a CCG average of 84.7% and a national average of 91.8%.
- 98.2% describe their experience of making an appointment as good compared with a CCG average of 57.5% and a national average of 73.3%.
- 30.9% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 43.6% and a national average of 27.1%.

- 61.5% feel they don't normally have to wait too long to be seen compared with a CCG average of 41.6% and a national average of 57.5%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. The doctor and nurse were commended for being thorough and for explaining things well, and reception staff were described as helpful, friendly and polite. Patients appreciated the efforts the practice made so that they were seen by the doctor quickly.

We spoke with six patients during our inspection and all but one of these had nothing but praise for the service. Three of the six patients said they had tried other GP practices in the local area and that Dr Suri's was the best by far, particularly in terms of getting an appointment quickly. The patient that was less positive about the practice was concerned that the GP did not spend enough time listening to them.

# Dr Avinash Suri

## 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 second CQC Inspector and a GP Specialist Adviser. Specialist Advisers are granted the same authority to enter the registered persons' premises as CQC inspectors.

### Background to Dr Avinash Suri

Dr Avinash Suri, also known as Hainault Surgery, is located in Hainault in the London Borough of Redbridge. It is one of the 47 member GP practices of Redbridge Clinical Commissioning Group.

The practice has approximately 2,700 registered patients. It is located in the fifth more deprived decile of areas in England.

Services are provided by Dr Avinash Suri under a Personal Medical Services (PMS) contract with NHS England. Dr Avinash Suri is registered as an Individual with CQC.

When we last inspected the practice in July 2014 we found improvements were required in respect of regulations relating to Supporting workers (HSCA 2008 (Regulated Activities) Regulations 2010). At our inspection on 15 October 2015 we found not all the shortfalls identified at the last inspection had been remedied.

The practice's opening hours are:

- Monday – 9.00am to 2.30pm and 4.00pm to 8.00pm
- Tuesday, Wednesday and Friday - 9.00am to 2.30pm and 4.30pm to 7.30pm
- Thursday - 9.00am to 2.00pm
- Saturday – 9.30am to 12.30pm

Appointments are available at the following times:

Monday – 10.00am to 1.00pm and 5.00pm to 8.00pm

Tuesday - 10.00am to 1.00pm and 4.40pm to 6.40pm

Wednesday - 10.00am to 1.00pm and 5.00pm to 7.00pm

Thursday - 10.00am to 1.00pm

Friday - 10.00am to 1.00pm and 4.40pm to 6.40pm

Saturday – 11.00am to 1.00pm

Clinical services are provided by Dr Avinash Suri for all sessions except for the Tuesday and Friday afternoon / early evening sessions which are provided by a female long standing locum GP. There is a part time Practice Nurse and a part time Phlebotomist. Non clinical staff include a Practice Manager and a team of secretarial, administrative and reception staff.

Patients are cared for by an external out of hours GP service when the practice is closed.

Dr Avinash Suri is registered with the Care Quality Commission to carry on the following regulated activities at 34 New North Road, Hainault, Ilford, Essex IG6 2XG: Treatment of disease, disorder or injury; Diagnostic and screening procedures; Maternity and midwifery services; and Family planning.

### 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. This inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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 also wanted to check that shortfalls we had identified at our inspection of Dr Avinash Suri in July 2014 had been remedied.

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice. We carried out an announced visit on 15 October 2015. During our visit we spoke with a range of staff, including the GP, Practice Nurse, reception and administrative staff, and the Practice Manager. We observed how people were being cared for, and spoke with patients and / or family members. We reviewed the medical records of patients. We reviewed documentation the provider gave us about the operation, management and performance of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach to reporting and recording significant events and a system was in place for doing 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 an analysis of significant events. The GP would contact any person affected by a significant event to discuss this with them. The person would be given an apology and told about actions taken to improve care.

We reviewed reports for three significant events that took place in 2015. We saw that patient safety had not been compromised on these occasions, however action had been taken to change systems to improve patients' experience of the service, for example booking appointments towards the end of surgery for patients requiring lengthier procedures, such as contraceptive implant insertion, to prevent patients in the waiting area becoming restive.

Safety was monitored using information from a range of sources, including alerts forwarded to the practice by the CCG and advice from Public Health England. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard children from abuse that reflected relevant legislation and local requirements. Policies and guidelines were accessible to all staff and included information about who to contact for further guidance if staff had concerns about a child's welfare. The GP was the practice lead for safeguarding and all staff had received safeguarding children training relevant to their role.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area, and staff had completed health and safety at work training. Fire evacuation instructions were clearly displayed and fire safety equipment had been serviced within the 12 months prior to our inspection.

Clinical equipment was serviced and calibrated regularly to ensure it was working properly. Other risk assessments in place to monitor safety of the premises included infection control and legionella.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Medication audits were carried out with the support of the local CCG pharmacy team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. The practice hosted a weekly substance misuse clinic and the GP issued the prescriptions to patients using this service. This explained the much higher than expected average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) in 2013/14. Prescription forms were stored securely and there were systems in place to monitor their use.

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

- Notices in the waiting room advised patients a chaperone was available if required. Not all staff who might be called to act as chaperones had been trained for the role or received a disclosure and barring (DBS) check however. 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 files of two members of staff recruited by the practice in the 12 months prior to the inspection showed that some, but not all, recruitment checks had been undertaken prior to employment. References had been taken up and documentary evidence of qualifications relevant to the job role had been checked. Proof of identity was established as part of the authorisation process for access to the practice's electronic patients record system. However, one of these staff was working at the practice and their DBS check had not yet been completed. The practice had made no interim provision to safeguard patients in this circumstance.
- Not all actions arising from an infection prevention and control audit carried out by the CCG in 2014 had been

## Are services safe?

completed. The completion date for the actions was November 2014. Some of the actions related to the provider's plans to introduce minor surgery into the practice which had since been cancelled, such as replacing the hand wash basin in the GP's room. However, others related to infection prevention and control more widely, including immunisation of healthcare staff and training for the domestic cleaning staff. We observed the premises to be clean and tidy; there were infection control policies and protocols in place to provide guidance to staff; there were adequate supplies of personal protective equipment and single use items of equipment and clinical waste was handled and disposed of appropriately. The Practice Manager was the lead for infection control.

### **Arrangements to deal with emergencies and major incidents**

Emergency medicines and oxygen were available with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice did not have a defibrillator, and a risk assessment had not been completed to indicate the practice did not need a defibrillator to mitigate risks to the safety of patients.

The practice had a business continuity plan for major incidents such as power failure or building damage, however it was more than three years old. The plan did not set out the action to be taken in the event of the GP taking leave unexpectedly, for example sick leave.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The medical records we looked at showed the care provided was based upon accepted evidence for the most part. The GP regularly attended the monthly CCG protected learning events designed to meet GPs' learning and professional development needs and to keep up to date. The Practice Nurse completed updates as necessary, most recently about new diabetes drugs and inhaler devices for example and was an active member of the Practice Nurses Group in Redbridge. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs with the support of the CCG. The practice monitored that guidelines were followed through audits.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 92% of the total number of points available, with 2.4% exception reporting. Data from 2013/14 showed:

- Performance for most diabetes related indicators was similar to the national average. It was however worse for the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (63% compared with a national average of 78%), and for the percentage of patients with diabetes, on the register, who have a record of an albumin:creatinine ratio test in the preceding 12 months (64% compared with a national average of 86%). This reflected the high number of patients in the practice population who do not take the GPs' advice or otherwise follow treatment recommendations.
- The percentage of patients with hypertension having regular blood pressure tests was 77%, similar to the national average of 83%.

- 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 93%, similar to the national average of 86%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100%, similar to the national average of 84%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We were shown one completed clinical audit that had been undertaken by the practice in the last two years, where the improvements in treatment for diabetic patients had implemented and monitored.

Information about patient outcomes was used to make improvements such as increasing the percentage of patients having a smear and the percentage of people with learning difficulty having an annual health check.

### Effective staffing

Staff did not have the skills, knowledge and experience to deliver effective care and treatment. Not all staff had received training on safeguarding vulnerable adults or refresher training on infection control. These were shortfalls identified at our last inspection in July 2014 and had not been addressed, despite the provider sending us an action plan stating staff would complete training by November 2014. Shortfalls we had identified in training for staff on health and safety at work and handling patient confidential information safely had been addressed.

Non clinical staff had not completed annual cardiopulmonary resuscitation (CPR) refresher training within the 12 months prior to this inspection.

The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.

An appraisal system was in place to identify the learning needs of staff and all staff had had an appraisal within the 12 months prior to the inspection except the Practice Manager. The Practice Manager told us there was little or no resource to meet these needs for non clinical staff. The provider did not have a policy on the kind of training that it would resource to provide clarity for staff, for example

# Are services effective?

(for example, treatment is effective)

about the training it would provide to meet practice development needs and / or the training it would provide to further an individual's interests, ambitions and career development.

The Practice Nurse had access to clinical supervision and support from the GP, and to mandatory training provided by the CCG. The GP and Practice Nurse maintained their registration with their professional body.

## 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 information included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

## Consent to care and treatment

Patients' consent to care and treatment was sought 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. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the

patient's capacity and worked with the patient's carer to make a decision about treatment in the best interests of the patient where necessary. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.

## Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included for example patients receiving palliative care, people with a learning disability, and people experiencing poor mental health. Recall systems were in place to support people with a learning disability and people experiencing poor mental health to attend the surgery for regular check ups and reviews.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the national average of 82%.

Childhood immunisation rates for the vaccinations given were comparable with CCG averages.

Flu vaccination rates for the over 65s were 76%, and was 50% for at risk groups. These were also comparable to 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. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone, and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 26 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and polite. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on the helpfulness of reception staff. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.
- 76% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 85%.
- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 90%.

- 96% said they found the receptionists at the practice helpful compared to the CCG average of 77% and national average of 87%.

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

All but one of the six patients we spoke with during our inspection told us that health issues were discussed with them and 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 explain their symptoms. They told us the GP was patient and thorough. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 72% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and national average of 81%.

### 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.

Patients with caring responsibilities were known to the practice. The practice prided itself on knowing its patients well, having provided treatment and care to some of the same families since it opened in 1984. The practice routinely offered carers flu and tetanus vaccinations.

Records we looked at showed patients receiving end of life care and their families were given appropriate support to make decisions that were in line with the patient's wishes. All practice staff were informed when a patient had died, and people who had suffered bereavement were referred to counselling services if they needed them.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The GP attended Clinical Commissioning Group (CCG) locality meetings to plan services and to improve outcomes for patients in the area, for example around prescribing and supporting patients with diabetes. The practice was experiencing difficulties with tissue viability services in the community for its patients living in Epping and had raised this with commissioners.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example:

- The practice opened into the evening on Monday, Wednesday and Friday and on Saturday mornings for working patients who could not attend during normal opening hours. Two of the evening sessions were provided by a female GP.
- Longer appointments were available for people with a learning disability for example, and double appointments were booked for health checks, reviews and screening.
- Patients asking for routine appointments were seen within 24 to 48 hours, and most of the patients we spoke with said the practice always tried to give them a same day appointment.
- Same day appointments were available for patients with urgent medical needs.
- Telephone consultations were available.
- Repeat prescriptions were usually issued within 24 hours.
- Clinical and non clinical staff spoke many of the languages spoken by the practice's patients. Translation services were available.
- The premises had been modified to make them accessible to wheelchair users, although some might need assistance with the entry way.

### Access to the service

The practice was open at the following times:

Monday - 9.00am to 2.30pm and 4.00pm to 8.00pm

Tuesday - 9.00am to 2.30pm and 4.30pm to 7.30pm

Wednesday - 9.00am to 2.30pm and 4.30pm to 7.30pm

Thursday - 9.00am to 2.00pm

Friday - 9.00am to 2.30pm and 4.30pm to 7.30pm

Saturday - 9.30am to 12.30pm.

Appointments were available at the following times:

Monday – 10.00am to 1.00pm and 5.00pm to 8.00pm

Tuesday - 10.00am to 1.00pm and 4.40pm to 6.40pm

Wednesday - 10.00am to 1.00pm and 5.00pm to 7.00pm

Thursday - 10.00am to 1.00pm

Friday - 10.00am to 1.00pm and 4.40pm to 6.40pm

Saturday – 11.00am to 1.00pm

Appointments could be booked online and up to one month in advance.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment compared well with local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 95% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 98% patients said they could get through easily to the surgery by phone compared to the CCG average of 52% and national average of 73%.
- 98% patients described their experience of making an appointment as good compared to the CCG average of 57% and national average of 73%.
- 66% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 50% and national average of 65%.

### Listening and learning from concerns and complaints

The practice had a 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; for example information about the complaints procedures and about the NHS complaints advocacy service was displayed in the waiting area.

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

We looked at the one complaint the practice had received in the 12 months prior to our inspection and found the GP

had investigated the complaint and been proactive in trying to resolve the complaint in a timely way. The practice had reflected on the complaint to see if anything should be changed to improve the quality of care.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice's aims were to:

- Provide safe and clean premises
- Safeguard vulnerable patients
- Support workers

Its objectives were to:

- Deliver learning and development for all staff.
- Improve regulatory insight and action about the safety and quality of mainstream health services for people with a learning disability or dementia, or those experiencing mental ill-health.
- Work towards having no difference in the employment outcomes for our staff or potential recruits because of age, disability, ethnicity, gender, gender reassignment, religion or belief or sexual orientation.

These aims and objectives were set out in the provider's Statement of Purpose. A plan to support the implementation of the objectives was being developed.

### Governance arrangements

There was a governance framework in place which supported the delivery of the practice's services. The framework included:

- Practice policies and protocols available to all staff to provide guidance and instruction.
- A comprehensive understanding of the performance of the practice
- A programme of clinical and internal audit which was used to monitor quality and to make improvements
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

There was a clear staffing structure and lines of accountability; however the Practice Manager told us they did not feel supported to carry out some elements of their role, for example around staff training. The provider

required training requests to be supported by a business case that set out the benefits for the practice and any costs involved for example, and the provider recognised this was an area for development for the Practice Manager.

### Leadership, openness and transparency

The GP and Practice Nurse prioritised safe, high quality and compassionate care. They worked well as a team and aimed to provide the best possible treatment and care in a way that met the needs of their patients and families. The GP was visible in the practice and staff told us that they were approachable.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the Practice Manager. There were also staff meetings when necessary. The Practice Nurse felt well supported, and they valued being treated by the GP as a colleague. The Practice Manager did not always feel involved in decisions about how to run and develop the practice, however.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG), reviews left on NHS Choices and the national GP survey, and was implementing the NHS Friends and Families Test. The PPG was active and met on a regular basis to consider this feedback. It had been instrumental in encouraging the practice to provide a female GP and had developed an action plan with the practice for further improvements in 2015, for example to increase the use of reminders to bring down the number of appointments missed by patients.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They did not however always feel that their concerns were addressed or that they were involved and engaged to improve how the practice was run.

## 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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>Recruitment procedures were not established and operated effectively to ensure that persons employed are of good character.</b></p> <p>Not all staff that might be called upon to act as a chaperone had a Disclosure and Barring Service (DBS) check. Also, a member of staff was working at the practice and their DBS check had not yet been completed. The practice had made no interim provision to safeguard patients in this circumstance. Regulation 19.-(2)(a)</p> <p>The information specified in Schedule 3 was not available in relation to each person employed by the provider after 01 April 2013. Regulation 19.-(3)(a)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment was not being provided in a safe way for service users.</b></p> <p>The practice did not have a defibrillator, and a risk assessment had not been completed to indicate the practice did not need a defibrillator to mitigate risks to the safety of patients. Regulation 12.-(2)(a)(b)</p> <p>Not all actions arising from an infection prevention and control audit carried out by the CCG in 2014 had been completed. The completion date for the actions was November 2014. Some of the actions related to the provider's plans to introduce minor surgery into the practice, which had since been cancelled. However,</p>

This section is primarily information for the provider

## Requirement notices

others related to infection prevention and control more widely, including immunisation of healthcare staff and training for the domestic cleaning staff. Regulation 12.-(2)(h)

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes were not established and operated effectively to ensure compliance with the requirements in this Part. The Practice Manager did not feel supported to carry out some elements of their role, for example around staff training. Some staff did not always feel their concerns were addressed or that they were involved and engaged to improve how the practice was run. Regulation 17.-(1)

This section is primarily information for the provider

## Enforcement actions

### 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	Regulation 18 HSCA (RA) Regulations 2014 Staffing  Staff did not receive such appropriate training as is necessary to enable them to carry out the duties they are employed to perform. Not all staff had received training on safeguarding vulnerable adults or refresher training on infection control. These were shortfalls identified at our last inspection in July 2014 and had not been addressed. Non clinical staff had not completed annual cardiopulmonary resuscitation (CPR) refresher training within the 12 months prior to this inspection in October 2015. Regulation 18.-(2)(a)
Family planning services	
Maternity and midwifery services	
Treatment of disease, disorder or injury	