

# Mathukia's Surgery

## Quality Report

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

### Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mathukia's Surgery on 08 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

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

The areas where the provider should make improvement are:

- Strengthen the system for checking emergency medicines so that the practice does not run out of any of these.
- Formalise the risk assessment supporting the practice's decision not to include Benzylpenicillin for injection in the GPs medical bags.
- Consider further ways of meeting the needs of patients with diabetes to improve outcomes for these patients.

# Summary of findings

- Complete the practice nurse's annual appraisal in a timely way.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example it provided a Saturday morning clinic, and was taking part in local schemes to develop the clinical pharmacist role in general practice and support qualified nurses to convert to practice nursing.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice employed a pharmacist who reviewed the medicines of patients taking many medicines (polypharmacy) to ensure the medicines were optimised and prescribed according to best evidence.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### People with long term conditions

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

- QOF scores were at or above local and national averages except for diabetes. Fewer patients than the national average had a blood cholesterol level below the recommended maximum, and fewer patients than both the national and local averages had a blood sugar level below the recommended maximum. The practice had identified diabetes as a priority focus area in 2016-17.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The pharmacist conducted medicines reviews for patients with long term conditions and had a specialist interest in diabetes.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Parents valued the practice responding quickly to their concerns about their children's health.
- Cervical screening uptake was comparable with local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors and with the local child safeguarding agency.

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

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

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

**Good**



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

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

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

**Good**





# Summary of findings

example through the social prescribing scheme in Redbridge. Social prescribing provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being.

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

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

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

- All patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (CCG average 83%, national average 84%). The practice had eight patients with dementia.
- The practice's patient outcomes for mental health indicators were comparable with national averages. 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 92%
  - Whose alcohol consumption has been recorded in the preceding 12 month was 91% (CCG 91%, England 90%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and seventy survey forms were distributed and 82 were returned. This represented one per cent of the practice's patient list.

- 64% of patients found it easy to get through to this practice by phone compared to the CCG average of 53% and the national average of 73%.
- 67% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG 64%, national 76%).
- 84% of patients described the overall experience of this GP practice as good (CCG 73%, national 85%).

- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG 67%, national 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. Staff were described caring and committed.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Fifty patients took part in the Friends and Family Test in 2015-2016. In answer to the question 'how likely are you to recommend our surgery to friends and family?' 48% responded 'extremely likely' and 48% responded 'likely'.

# Mathukia's Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Adviser.

## Background to Mathukia's Surgery

Mathukia's Surgery is located in Ilford in north east London. It is one of the 47 member GP practices in NHS Redbridge Clinical Commissioning Group (CCG).

The practice serves an ethnically diverse population and is located in the fourth more deprived decile of areas in England. At 78 years, male life expectancy is less than the England average of 79 years. At 82 years, female life expectancy is less than the England average of 83 years.

The practice has approximately 6,440 registered patients. It has more patients in the 0 to 39 years age range than the England average, and fewer patients in the 40 to 85+ age range. Services are provided by Mathukia's Surgery under a General Medical Services (GMS) contract with NHS England.

The practice is in a converted residential property which has recently been extensively refurbished and extended.

The premises are accessible to wheelchair users. There are automatic doors and a disabled toilet but no hearing loop. There are five consulting rooms.

Mathukia's Surgery is a teaching practice for medical students.

Six GPs worked at the practice, four male and two female, making up the equivalent of three whole time staff (WTE). There were two part time nurses (one was in practice nurse

training), together making up one WTE, and a part time pharmacist (0.6 WTE). The clinical staff are supported by a team of receptionist and administrative staff headed up by a reception manager (0.8 WTE) and a business manager (one WTE).

The practice's opening times are:

- 9.00am to 6.30pm on Monday, Tuesday, Wednesday and Friday.
- 9.00am to 1.00pm on Thursday
- 10.00am to 1.00pm on Saturday (extended hours)

Patients are directed to an out of hours GP service outside these times.

The practice clinic times are:

- 9.00am to 1.30pm and 3.30pm to 6.30pm on Monday, Tuesday, Wednesday and Friday
- 9.30am to 1.00pm on Thursday
- 10.00am to 12.30pm on Saturday (extended hours)

Mathukia's Surgery is registered with the Care Quality Commission to carry on the following regulated activities at Mathukia's Surgery, 281 Ilford Lane, Ilford, Essex IG1 2SF: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, and Treatment of disease, disorder or injury.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# 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 have not inspected this service before.

## 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 08 December 2016. During our visit we:

- Spoke with a range of staff (GP, nursing, management and administrative and receptionist staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The significant event analysis tool used by the practice supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice reviewed its protocol for responding to a possible medical emergency after a patient became unwell in the waiting area and was transferred to hospital. The practice concluded its protocol was fit for purpose and had been adhered to.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities

and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a GP and a practice nurse lead for infection control in the practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice's pharmacist had also carried out an audit of the practice's repeat medication protocol. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

## Are services safe?

- 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 waiting area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice was taking part in local schemes to develop the clinical pharmacist role within general practice and to support a qualified nurse to convert to practice nursing. This was increasing the number of face-to-face appointments available to patients.

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

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There was a system in place for checking medicines were in date. We found two of the medicines the practice kept for dealing with medical emergencies were on order. The GPs did not keep Benzylpenicillin for injection in their medical bags, and there was no formal risk assessment in place to support this decision.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92% of the total number of points available. Exception reporting was lower than the CCG and England averages (practice 5%, CCG 7%, England 9%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice was an outlier for diabetes QOF targets in 2014-15. Data showed:

- Fewer patients than average had a blood cholesterol level below the recommended maximum (practice 64%, CCG 74%, national 81%), and fewer patients than average had a blood sugar level below the recommended maximum (practice 56%, CCG 70%, national 78%). Performance for other diabetes related indicators was comparable to local and national averages including blood pressure (practice 78%, CCG 78%, national 78%), influenza immunisation (practice 91%, CCG 89%, national 94%), and a foot examination (practice 81%, CCG 83%, national 88%). The practice had recognised the need to support patients with diabetes better to keep their blood sugar and cholesterol levels within safe limits, and this was a

priority focus area for the practice in 2016-17. For example, the practice had produced diabetes advice sheets in community languages and was looking to develop a GP clinical lead role for diabetes. The pharmacist, appointed in August 2016, also had an interest in diabetes.

- Performance for mental health related indicators was comparable to the local and national averages, 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 92% (CCG 90%, national average 88%).

There was evidence of quality improvement including clinical audit.

- There had been three two-cycle clinical audits completed in the last year where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reducing the number of medicines reviews due by acting on alerts and proactively booking patients for a medicines review and by better recording when a review was completed. The number of reviews due was reduced from 752 to 403 over a three month period.
- The practice participated in local audits and benchmarking, accreditation, and research.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could



# Are services effective?

## (for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months except the practice nurse. The provider told us this was an oversight on their part due to the refurbishment and taking over a neighbouring practice.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and worked with the carer to make a decision about treatment in the patient's best interests when necessary.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Healthy lifestyles advice was available from the practice. The practice also took part in the local social prescribing scheme. Social prescribing provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being.
- The practice sent text reminders to patients when their immunisations were due.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 96% (CCG 83% to 91%, national 73% to 95%) and five year olds from 82% to 95% (CCG 69% to 85%, national 81% to 95%)..



## Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 83% of patients said the GP gave them enough time (CCG 82%, national 87%).
- 97% of patients said they had confidence and trust in the last GP they saw (CCG 93%, national 95%)
- 83% of patients said the last GP they spoke to was good at treating them with care and concern (CCG 80%, national 85%).

- 80% of patients said the last nurse they spoke to was good at treating them with care and concern, (CCG 82%, national 91%).
- 84% of patients said they found the receptionists at the practice helpful (CCG 78%, national 87%).

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

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

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care (CCG 76%, national 82%).
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG 76%, national 85%).

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

- Staff shared community languages in common with its patients including Hindi and Russian for example, as well as English. One member of staff had some British Sign Language (BSL).
- Staff told us that translation services were available for patients who did not have English as a first language.
- We saw notices in the reception area informing patients that information in alternative formats was available on request, such Easy Read and large print.

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

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 157 patients as

carers (2% of the practice list). Carers were offered the annual flu immunisation and supported to access respite care. 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, one of the partners contacted them to offer them information, advice and support where needed.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a Saturday morning surgery for working patients who could not attend during normal opening hours.
- The practice had a GP available to take calls and triage patients between 9.00am and 10.00am each week day morning, when the phone lines were busiest.
- Staff answering calls were based in a separate office together with the GP so that staff on the front desk were not distracted from attending to patients and other GPs' clinics were not interrupted.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, including a dropped reception desk and a lift, and translation services available.

### Access to the service

The practice's opening times were:

- 9.00am to 6.30pm on Monday, Tuesday, Wednesday and Friday.
- 9.00am to 1.00pm on Thursday
- 10.00am to 1.00pm on Saturday (extended hours)

Patients were directed to an out of hours GP service outside these times.

The practice clinic times were:

- 9.00am to 1.30pm and 3.30pm to 6.30pm on Monday, Tuesday, Wednesday and Friday
- 9.30am to 1.00pm on Thursday
- 10.00am to 12.30pm on Saturday (extended hours)

In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for people that needed them.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 79%.
- 64% of patients said they could get through easily to the practice by phone (CCG 53%, national 73%).

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

### Listening and learning from concerns and complaints

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

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

We looked at four complaints received in the last 12 months and found they were handled satisfactorily and in an open timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had increased the number of staff answering the phones first thing in the morning when the phones were busiest and installed a new telephone system that enabled it to maintain an overview of how many people were waiting for their call to be answered and how long for.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to improve the overall health, well-being and lives of its patients, and to work in partnership with them and with staff to provide the best primary care services possible.

- The partners and the business manager were developing a two and five-year plan of the practice's development and maintained a risk register to the support implementation of its plans. The risk register was reviewed quarterly and covered areas such as performance and delivery, facilities, IT and telecommunications, finance and workforce.
- In the last 12 months the provider had completed a complete refurbishment and extension of its premises, requiring it to provide services from a temporary location, and had taken over another practice nearby.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Governance arrangements were being reviewed, strengthened and streamlined across Mathukia's Surgery and the practice the provider had recently taken over to increase efficiency.

### Leadership and culture

On the day of inspection the provider demonstrated it had the experience, capacity and capability to run the practice

and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management team were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to

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the practice management team. For example, they had been involved in planning the practice refurbishment and extension and had supported the provider to improve telephone access to the practice.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, staff answering the phones were based in a separate office away from the front desk, and a GP shared that office between 9.00am and 10.00am, when the phones were busiest, to support speedy telephone triage of patients' calls.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, for example to develop the clinical pharmacist role within primary care. The practice had also been selected by the CCG to take part in Productive General Practice (PGP). PGP has been developed by the NHS Institute for Innovation and Improvement and is an organisation-wide change programme, which supports general practices in promoting internal efficiencies, while maintaining quality of care.