

Dr C Dahs & Dr I P Humberstone

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Dahs & Dr I P Humberstone Little Gaynes Surgery on 17 February 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Not all staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that 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 must make improvement are:

- To ensure that staff acting as chaperones undergo Disclosure and Barring Service checks or to risk assess the need.

The areas where the provider should make improvement are:

Summary of findings

- To review arrangements for medical emergencies to ensure that equipment and medicines are in place or to risk assess the need.
- To reinstate Patient Participation Group (PPG) meetings, in order to identify and act on patients' feedback and suggestions about the service.
- To conduct patient surveys as a means of obtaining patient feedback.

- To prepare a business continuity plan to be ready for any interruptions to service.
- To conduct regular fire drills.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Not all staff who acted as chaperones had undergone checks with the Disclosure and Barring Service (DBS) (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice did have an up to date fire risk assessment and but it did not carry out regular fire drills.
- The practice had not reviewed arrangements for medical emergencies to ensure that equipment and medicines were in place, nor had they carried out a risk assessment into this.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

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

Good



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 (CCG) to secure improvements to services where these were identified. For example, the practice had undertaken an audit of patients with dementia who were being prescribed a neuroleptic medicine (neuroleptic medicines are used when patients suffer disturbed behaviour, including hallucinations and aggression).
- 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 this.

Good



Summary of findings

- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a strong focus on continuous learning and improvement at all levels.
- However, the practice did not seek feedback from patients, nor did it have a patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 92% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months compared to the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- 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.
- 83% of women aged 25-64 notes recorded that a cervical screening test had been performed in the preceding 5 years, which was comparable to the national average.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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).

- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 months, which was comparable to the national average.

Good



Summary of findings

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

Summary of findings

What people who use the service say

The national GP patient survey results, published on 2 July 2015 showed the practice was performing in line with local and national averages. Two hundred and thirty-nine survey forms were distributed and 119 were returned. This represented 1.0% of the practice's patient list.

- 84% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 96% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 89% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 36 comment cards which were all positive about the standard of care received. Patients who commented told us that the staff at the practice were polite and friendly, caring and professional, and helpful. Patients also commented on how clean and tidy all areas of the practice were.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. One hundred percent of patients responding to the Friends and Family test said that they would recommend this practice to someone new to the area.

Dr Dahs & Dr I P Humberstone is registered as a partnership with the Care Quality Commission to provide the regulated activities of: diagnostic and screening procedures; family planning; surgical procedures; maternity and midwifery services; treatment of disease, disorder or injury.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that staff acting as chaperones undergo Disclosure and Barring Service checks or to risk assess the need.

Action the service **SHOULD** take to improve

- Review arrangements for medical emergencies to ensure that equipment and medicines are in place or to risk assess the need.

- Reinstate Patient Participation Group (PPG) meetings, in order to identify and act on patients' feedback and suggestions about the service.
- Conduct patient surveys as a means of obtaining patient feedback.
- Prepare a business continuity plan to be ready for any interruptions to service.
- Conduct regular fire drills.

Dr C Dahs & Dr I P Humberstone

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a CQC Inspection Manager, a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Dr C Dahs & Dr I P Humberstone

Dr Dahs & Dr I P Humberstone provides primary medical services in Upminster, Essex to approximately 11,300 patients and is one of fifty-three member practices in the NHS Havering Clinical Commissioning Group (CCG).

The practice population is in the least deprived decile in England with less than the CCG and national average representation of income deprived children and older people. The practice population has a greater than national average percentage of all age groups over fifty years of age, with 26% of the practice population aged over 65 (national average 17%). There is below average income deprivation affecting children of 7% compared to the national average of 23%.

The practice has surveyed the ethnicity of the practice population and has determined that 97% of patients identified as having white ethnicity, and 3% as having Asian ethnicity.

The practice operates under a Personal Medical Services (PMS) contract (a contract between NHS England and general practices for delivering personal medical services).

This contract allows the flexibility to offer local services within the contract) and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract). The enhanced services it provides are: childhood vaccination and immunisation scheme; facilitating timely diagnosis and support for people with dementia; influenza and pneumococcal immunisations; minor surgery; remote care monitoring; and risk profiling and case management.

The practice team comprises one full-time female partner and one full-time male GP partner along with three full-time salaried GPs (one female and two male) working between them a whole time equivalent (WTE) of 5 GPs (40 sessions per week).

The nursing team consists of two part-time female nurse practitioners, one full-time female practice nurse and one part-time female trainee nurse practitioner.

There are four administrative and clerical staff and one full-time practice manager.

The practice operates from two purpose built properties, respectively known as: Cranham Village Surgery; and Little Gaynes Surgery, with clinical and admin staff dividing their time between the two surgeries. There are five part-time reception staff at the Little Gaynes Surgery.

Patient facilities at the Little Gaynes Surgery are located wholly on the ground floor and are accessible for wheelchair users. There are offices for administrative and management staff on the ground and first floor.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are from 8.00am to 12.30pm and 2.30pm to 6.00pm with GPs, and from 8.30am to 6.30pm

Detailed findings

with nurses, daily. The practice does not open at weekends, having opted out of providing out of hours (OOH) services, between 6.30pm and 8.00am and at weekends patients are directed to the OOH provider for Havering CCG.

Dr Dahs & Dr I P Humberstone are registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; family planning; surgical procedures; maternity and midwifery services; treatment of disease, disorder or injury.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. The practice has not previously been inspected by CQC.

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

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 17 February 2016. During our visit we:

- Spoke with a range of staff including doctors, nurses and non-clinical staff, and patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice became aware that a patients' identity had been used to obtain medicines from a private GP service. The practice obtained the patients' permission to contact the private GP service who in turn contacted the police. The practice reflected on the incident and had changed its patient registration procedure to record new patient's identity documents.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. However, not all staff who acted as chaperones had received a Disclosure and Barring Service check (DBS check). (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out 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. Prescription pads were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They 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 four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body but not all staff had undergone the appropriate checks through the Disclosure and Barring Service, nor had the practice carried out a risk assessment to show that there was no need for staff to have DBS checks.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and 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 reception office which identified local health and safety representatives. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had an up to date fire risk assessment but did not carry out regular fire drills.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- 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 basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator available on the premises, nor did it have oxygen with adult and children's masks. During our visit the practice elected to purchase a defibrillator and oxygen, these were ordered the day after the inspection. 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. All the medicines we checked were in date and fit for use.
- The practice did not have a written business continuity plan, As it operated from two sites its informal business continuity plan in the event that one site became unusable was to re-locate all clinics to the second site.

Arrangements to deal with emergencies and major incidents

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94.2% of the total number of points available, with 7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014-15 showed:

- Performance for diabetes related indicators was similar to the national average. For example 92% of patients with diabetes, on the register, had a last blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less compared to a national average of 78%.
- 99% of patients with diabetes, on the register, had had an influenza immunisation in the preceding 1 August to 31 March (national average 94%).
- The percentage of patients with hypertension having regular blood pressure tests at 85% was similar to the national average of 84%.
- Performance for mental health related indicators was similar to the national average. For example The percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 89% compared to a national average of 88%.

- 86% of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (national average 84%).

Clinical audits demonstrated quality improvement.

- There had been six clinical audits undertaken in the last two years, four of these were completed two-cycle audits where the improvements made were implemented and monitored. For example, recent action was taken as a result of an antibiotic prescribing audit. The first cycle found that 15 out of 40 prescriptions audited did not comply with prescribing targets. Following a second audit, the practice' performance had improved to the extent that there were no non-compliant prescriptions issued.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice undertook an audit of its compliance with referral pathways determined by the local Clinical Commissioning Group (CCG). Following the first audit, it found that 12 out of 65 dermatology and ear nose and throat (ENT) referrals did not follow the CCG guidelines. As a result the practice established clear referral pathways for all practitioners to apply. The second audit found that only seven out of 81 dermatology and ENT referrals did not comply.
- Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

Are services effective?

(for example, treatment is effective)

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

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and stroke and heart disease. Patients were then signposted to the relevant service.
- Advice from a dietician and on smoking cessation were available from a local support group.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 79% and five year olds from 52% to 80%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that 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 36 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 one former member of the patient participation group (PPG), as the practice had not had an active PPG since 2013. They 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:

- 91% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 82%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).

- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 95% said they found the receptionists at the practice helpful (CCG average 87%, national average 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 on the comment cards we received was also positive and reflected those views.

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

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80%, and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 81%).
- 82% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 145 carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, when patients first presented with symptoms of dementia they were sometimes in a crisis situation. The practice proactively worked with the community matron in order to undertake a comprehensive assessment of needs, and to urgently implement a care package to avoid, where possible, an admission to hospital.

- The practice offered a 'Commuter's Clinic' every weekday starting at 8.00am for patients who were unable to attend during working hours. Telephone appointments were available at either the beginning or end of all GP sessions.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, and translation services available, but there was no hearing loop in reception for deaf patients.
- The practice provided care to its diabetic patients. The practice nurses regularly supported diabetic patients who were not fully compliant with treatment. This included educating patients on initiation of insulin injections, and offering same day advice on titration of insulin dosages, as well as enabling them to take greater responsibility for their health.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.00am to 12.30pm and 2.30pm to 6.00pm with GPs, and from 8.30am to 6.30pm with nurses, daily. In addition, there were telephone appointments available at the beginning or end

of all GP sessions. The practice did not open at weekends, having opted out of providing out of hours (OOH) services. Accordingly, between 6.30pm and 8.00am and at weekends patients were directed to the OOH provider for Havering CCG. In addition to pre-bookable appointments that could be booked up to four weeks 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 national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 84% patients said they could get through easily to the surgery by phone (national average 73%).
- 53% patients said they always or almost always see or speak to the GP they prefer (national average 37%).

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: there was a notice and leaflet available in reception.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained about a delay in sending an antenatal referral letter to the patients choice of out-of-area hospital. The practice apologised for the delay that arose as the GP had needed to confirm the referral procedure for the hospital.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values, but it was not displayed in the waiting areas.
- The practice had a robust strategy including a supporting business plan which reflected the vision and values.

Governance arrangements

The practice had a 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 continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

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

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

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

- The practice acted on complaints from patients, and received feedback from patients via the NHS Friends and family test (FFT). The FFT is a method of asking patients if they would recommend the service to friends and family. The practice also received ad hoc feedback from patients, but it did not have an active patient participation group (PPG).
- 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. For example, staff told us that they had identified training which the practice had provided. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

Are services well-led?

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team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example,

the practices' elderly patients had access to an elderly health promotion clinic. This screened for falls risk, cardiovascular risk, incontinence and social care needs, with a view to improving patients' quality of life.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 Safe Care and treatment
Maternity and midwifery services	How the regulation was not being met:
Surgical procedures	The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.
Treatment of disease, disorder or injury	The provider had not risk assessed the need for Disclosure and Barring Service (DBS) checks for chaperones.
	Regulation 12 (1)(2)(a) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.