

Dr Altafuddin Ahmed

Quality Report

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Date of inspection visit: 24 September 2015

Date of publication: 14/01/2016

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 Dr Altafuddin Ahmed (also known as Newham Medical Centre) on 24 September 2015. Overall the practice is rated as good.

We inspected this location in August 2014 as part as part of our new inspection programme to test our approach going forward. We did not rate the practice at that time but identified concerns regarding significant events reporting, staff recruitment and systems for actioning blood test results.

The inspection which took place on 24 September 2015 was therefore a comprehensive inspection to check whether the provider was now 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.

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 the skills, knowledge and experience to deliver effective care and treatment.
- All the patients we spoke with told us said they were treated with compassion, dignity and respect; although this did not align with patient survey results at practice or national level. The practice demonstrated how it had acted on survey results which were below CCG and national averages regarding dignity and respect shown by staff.
- Information about services and how to complain was available and easy to understand.
- Some patients fed back that it was difficult to get through to the practice by phone and to make an appointment. The practice demonstrated how it had acted on these concerns (for example by recruiting more administrative staff to answer the phones at peak times and by recruiting two salaried GPs).

Summary of findings

- 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 areas where the provider should make improvement are:

- Review national patient survey results on the extent to which tests and treatments were explained and

the extent to which patients were involved in decisions about their care and treatment; and see where improvements can be made as these results were below local and national averages.

- Review systems for ensuring that patients with a learning disability receive annual health reviews.
- Undertake a review of performance on dementia related indicators given that this area was below CCG and national averages.

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 and maintain safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people 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 showed patient outcomes were generally at or above average for the locality.
- Clinical audits demonstrated quality improvement.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Patients we spoke with said they were treated with compassion, dignity and respect and that they were involved in decisions about their care and treatment.
- This did not align with patient survey data which rated the practice lower than others for several aspects of care. The practice demonstrated how it had acted to improve satisfaction scores.
- 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 confidentiality.
- There was sufficient information available to help patients understand the services available to them.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It had reviewed the needs of its local population and tailored services accordingly. For example, staff spoke a range of local community languages.
- There were baby changing facilities, disabled facilities and interpreting services available.
- The results of the latest national GP patient survey showed patients found it difficult to get through to the practice by phone and also difficult to make an appointment with a named GP. Patients we spoke with also told us that this it was sometimes difficult to make an appointment. The practice demonstrated how it had taken action to improve appointments access.
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- It had a clearly stated vision and strategy to improve the health of its patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The 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. Systems were in place to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active.
- There was a strong focus on continuous learning and improvement at all levels within the practice. For example, clinical audits were used to drive improvements in patient outcomes. Significant events analyses were used to improve and maintain patient safety.
- The practice had recruited additional staff to enable the senior GP to focus on clinical leadership.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- A register of all patients over 75 was kept and they had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients we spoke with from this population group were positive about the care they received.
- Performance for dementia related indicators was 76.9% which was below the CCG average by 15% and below the national average by 16.5%.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 97.7% which was above the CCG average by 1.3% and below the national average by 1.2%.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients we spoke with from this population group were positive about the care they received.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for

Summary of findings

example, children and young people who had a high number of A&E attendances. Immunisation rates for all standard childhood immunisations were comparable to local and national averages.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81% which was comparable to the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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.
- Late evening and weekend appointments were offered.

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 those with a learning disability.
- Twenty seven patients were on the practice's list of patients with a learning disability but only one patient had had a health review in the last 12 months. We were told that all patients would be reviewed by March 2016.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had systems in place to refer vulnerable patients to 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



Summary of findings

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).

- 73% percentage of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months compared with the 86% national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 4 July 2015. They showed the practice was performing below local and national averages. There were 462 survey forms distributed for Newham Medical Centre and 84 forms were returned. This is a response rate of 18.2%.

- 37% found it easy to get through to this surgery by phone compared to a CCG average of 61% and a national average of 73%.
- 79% found the receptionists at this surgery helpful (CCG average 80%, national average 87%).
- 62% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76%, national average 85%).
- 73% said the last appointment they got was convenient (CCG average 85%, national average 92%).

- 56% described their experience of making an appointment as good (CCG average 65%, national average 73%).
- 45% usually waited 15 minutes or less after their appointment time to be seen (CCG average 41%, national average 65%).

We also spoke with four patients during the inspection (including three members of the practice's patient participation group). Feedback was positive regarding, for example, the standard of care received and the cleanliness of the practice. However, patients also expressed concern regarding phone access and obtaining an appointment.

Areas for improvement

Action the service **SHOULD** take to improve

- Review national patient survey results on the extent to which tests and treatments were explained and the extent to which patients were involved in decisions about their care and treatment; and see where improvements can be made as these results were below local and national averages.
- Review systems for ensuring that patients with a learning disability receive annual health reviews.
- Undertake a review of performance on dementia related indicators given that this area was below CCG and national averages.

Dr Altafuddin Ahmed

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice nurse specialist advisor who had the same authority to enter the practice as the lead inspector.

Background to Dr Altafuddin Ahmed

Dr Altafuddin Ahmed (also known as Newham Medical Centre) is located in Newham, East London. The practice has a patient list of approximately 5,500. Twenty one percent of patients are aged under 18 (compared to the national practice average of 14.8%) and 6.2% are 65 or older (compared to the national practice average of 17%). Fifty nine percent of patients have a long- standing health condition, whilst 16% have carer responsibilities.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises one male senior GP (9 sessions per week), male salaried GP (8 sessions per week), male salaried GP (6 sessions per week), female long term GP locum (3 sessions per week), male long term GP locum (1 session per week), two practice nurses (one female, one male), health care assistant (female), business manager, practice manager and administrative/reception staff.

The practice holds a Personal Medical Service (PMS) contract with NHS England. This is a locally agreed

alternative to the standard General Medical Service (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice's opening hours are:

- Monday – Friday: 8am-7pm (except Thursdays 7:30am-4pm).

Appointments are available at the following times:

- Monday- Friday: 8:30am-1pm and 2:30pm-6:30pm (except Thursdays 8am-12:30pm).

Extended hours opening was not provided at the practice but we were told that it worked with ten GP surgeries in the borough as part of an extended hours directed enhanced service; enabling patients to access extended hours appointments from these sites as follows:

- Monday, Tuesday, Wednesday: 6.30pm-9pm
- Thursday: 6.30pm-9.30pm
- Friday: 6.30pm-9.30pm
- Saturday: 9am -1pm

Outside of these times, cover is provided by an out of hours provider.

The practice is registered to provide the following regulated activities which we inspected: treatment of disease, disorder or injury; diagnostic and screening procedures; family planning; and maternity and midwifery services.

CQC (Registration) Regulations 2009 require registration of all regulated activities carried on by the provider. During our visit we found that the provider had been carrying on the regulated activity of surgical procedures (namely joint injections, incisions and warts removal) without registration. The regulated activities that require

Detailed findings

registration with CQC are set out in Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider must register for this regulated activity.

Why we carried out this inspection

We inspected this location in August 2014 as part of our new inspection programme to test our approach going forward. We identified concerns regarding significant events reporting, staff recruitment and clinical audits. The location was not rated.

The inspection which took place on 24 September 2015 was a comprehensive inspection to check whether the provider was now 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 September 2015. During our visit we:

- Spoke with a range of staff including senior GP, salaried GPs, practice nurse, practice manager, reception staff and spoke with patients who used the service.

- Reviewed the personal care or treatment records of patients.

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

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

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

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

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

When we inspected in August 2014, we noted concerns with the practice's system for learning from significant events and for reporting patient safety alerts. Significant events records were disorganised and there was also lack of consistent recording of learning points and follow up actions. The system for disseminating patient safety alerts did not identify a lead person to ensure that alerts were acted upon. We asked the practice to take action.

At this inspection, we noted that there were systems in place for reporting, recording and learning from significant events. Staff were aware of what constituted a significant event and explained how they would report an incident. Recording forms were available. Records showed that nineteen significant events had been recorded since January 2015. They showed clear learning outcomes and subsequent evidence of changes in how the service was delivered, so as to improve patient safety. For example, following an incident whereby a patient had been injured whilst manoeuvring a pushchair into a treatment room, we noted that the practice now requested that pushchairs be left outside treatment rooms. Staff meeting minutes showed that significant events were routinely discussed and that learning was shared.

Patient safety alerts were received from a range of sources including National Institute for Health and Care Excellence (NICE) guidance and Public Health England. The practice manager was responsible for disseminating patient safety alerts to relevant staff via email. Part of their role included undertaking patient searches and forwarding patient lists to clinicians for further action. Records showed that clinicians received Public Health England email alerts from the practice manager and that these were actioned.

Overview of safety systems and processes

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

- Arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies that 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 practice nurses were trained to child protection level 3.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The 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. Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSDs) to enable the Health Care Assistant to administer vaccinations.

PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- When we inspected in 2014, we found that the recruitment process for the two newest members of staff had not been followed in that their personnel records did not contain references or confirmation of eligibility to work. We asked the practice to take action. At this inspection, we reviewed the personnel files of four members of staff (including the newest member of staff who started in August 2015). We found that

Are services safe?

appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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. All electrical equipment had been checked within the last twelve months to ensure it was safe to use. Clinical equipment had also been checked and calibrated 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 COSHH, IPC and legionella risk assessment.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were rota systems in place for the different staffing groups to ensure that enough staff were on duty and able to undertake clinical; and non clinical tasks as necessary.
- The practice had undertaken an annual fire risk assessment in September 2015 which highlighted that the practice did not carry out annual fire evacuation drills. We were told that a drill would commence within the next four months and yearly thereafter. The practice's fire alarm had been serviced within the last 12 months.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to most 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 centrally available in a treatment room.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff we spoke with knew of their location. All the medicines we checked were in date and fit for use and we noted that it was the responsibility of one of the practice nurses to regularly check expiry dates.
- 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.
- The practice had oxygen with adult and children's masks. There was also a first aid kit and accident book available. The practice had an automated external defibrillator (AED) available on the premises. This is a portable electronic device that delivers an electrical shock to attempt to restore a normal heart rhythm.

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. Staff had paper and electronic access to these guidelines and they were used to support delivery of care and treatment that met peoples' needs. For example, GPs used NICE rapid referral guidelines to ensure prompt referrals in cases of suspected cancer.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 at the time of our inspection were 93% of the total number of points available, with 6% 'exception reporting.' QOF includes the concept of exception reporting to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a side-effect. This practice was not an outlier for any QOF (or other national) clinical targets. Latest available data at the time of our inspection showed:

- Performance for diabetes related indicators was 91.3%; which was above the CCG average by 1.3% and the national average by 1.2%.
- Performance for hypertension related indicators was 93.9%; which was below the CCG average by 0.3% and above the national average by 5.5%.
- Performance for mental health related indicators was 96.5%; which was above the CCG average by 7.5% and above the national average by 6%.
- Performance for dementia related indicators was 76.9%; which was below the CCG average by 15% and below the national average by 16.5%.

The practice told us that the variation in performance for dementia related indicators may have been attributable to a coding error in its clinical system and that they would be conducting a review.

Clinical audits demonstrated quality improvement

At our August 2014 inspection, we noted that although some clinical audits had been undertaken, there was a lack of evidence to demonstrate that these had been used to inform practice and improve patient care. At this inspection, we noted that there had been five clinical audits started in the last 12 month; three of which were complete two cycle audits with results which could be used to improve patient outcomes.

For example, one audit in 2014 had been triggered by NICE guidelines and sought to review monitoring arrangements of patients prescribed antipsychotic drugs (for example ensuring that any such patients who also had long term conditions were on an appropriate disease register). At the start of the audit, this figure was 94%. Following a review of monitoring systems, a March 2015 reaudit reported that the percentage of patients on an appropriate disease register had increased to 100%.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and information governance. We looked at the personnel record of the practice's newest member of staff (August 2015) and confirmed that this programme had been followed.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff (such as IPC training for cleaners).
- 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 these 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 the revalidation of doctors. 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.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

When we inspected in August 2014, we noted that patient blood test results were not actioned in a timely manner. For example, we found over 100 test results awaiting action by the senior GP. At this inspection, we noted that the practice had reviewed staffing levels and appointed two salaried GPs to support the senior GP. A rota system had been introduced to share clinical tasks such as blood test results and hospital discharge letters. We reviewed the practice's clinical information system on the day of our inspection and noted that there were no blood test results awaiting action.

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 people to other services. Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are 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. GPs also attended monthly CCG led meetings where issues such as improved hospital communication were discussed.

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 GPs or practice nurses assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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, those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81% 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening; and regularly audited its performance.

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 89% to 98% and five year olds from 82% to 85% (compared to from 92% to 96% and 83% to 93% respectively for the local CCG). The practice regularly audited its childhood immunisation performance. Flu vaccination rates for the over 65s were 78% and at risk groups 72% (both above national averages).

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.

Results from the national GP patient survey highlighted that the practice's performance was below CCG and national averages for satisfaction scores on consultations with doctors and practice nurses. For example:

- 75% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 72% said the GP gave them enough time (CCG average 79%, national average 87%).
- 88% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 67% said the last GP they spoke to was good at treating them with care and concern (CCG average 77%, national average 85%).
- 77% said the last nurse they spoke to was good at treating them with care and concern (CCG average 81%, national average 90%).
- 79% said they found the receptionists at the practice helpful (CCG average 80%, national average 87%).

We also looked at the results of a practice survey conducted in 2014. This showed that only 53% of the 132 respondents felt that they were 'always treated with dignity and respect by reception staff'. We saw evidence of actions taken in response to this feedback including reception staff

training and management supervision during peak hours to support reception staff. The 2015 national GP survey highlighted that 79% of respondents found reception staff helpful.

The practice's 2014 survey also reported that only 57% of respondents felt that they were always treated with dignity and respect by clinicians. The practice told us that the need to improve had been discussed at team meetings and we noted that the 2015 national GP survey showed that 67% of respondents found GPs and practice nurses treated them with care and concern (77% for nurses).

We spoke with members of the practice's patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Care planning and involvement in decisions about care and treatment

Patients told us that 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.

Results from the national GP patient survey showed patients responded positively to questions on the extent to which tests and treatments were explained and on the extent to which they were involved in decisions about their care and treatment. However, results were below local and national averages. For example:

- 72% 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%.
- 65% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 81%).

The practice could not demonstrate that it had taken action to improve these satisfaction scores.

Staff told us that interpreting and translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Staff spoke a range of local community languages.

Are services caring?

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 16% of the practice list as carers. 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, their usual GP contacted them. 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. The senior GP had attended end of life care training to better support this patient group and spoke about how the training had reinforced the need to ensure patient choice and dignity in death.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of its local population and worked to secure improvements to services where these were identified. For example:

- Early morning, late evening and weekend extended hours were available.
- Same day appointments were available for children and those with serious medical conditions.
- On line appointment booking and repeat prescriptions were available.
- Home visits were available for older patients / patients who would benefit from these.
- There were disabled facilities, and a hearing loop and interpreting services were available.
- There were longer appointments available for people with a learning disability.
- Baby changing facilities were available.
- The practice nurse spoke 14 languages. Clinical and administrative also spoke a range of local community languages including Urdu and Hindi.
- Clinical staff had undertaken training to develop their knowledge and understanding of female genital mutilation which we were told was prevalent in local communities.

Access to the service

The practice's opening hours are:

- Monday – Friday: 8am-7pm (except Thursdays 7:30am-4pm).

Appointments are available at the following times:

- Monday- Friday: 8:30am-1pm and 2:30pm-6:30pm (except Thursdays 8am-12:30pm).

Extended hours opening was not provided at the practice but we were told that the practice worked with ten GP surgeries in the borough (as part of an extended hours directed enhanced service). Patients were able to access extended hours appointments as follows:

- Monday, Tuesday, Wednesday: 6.30pm-9pm
- Thursday: 6.30pm-9.30pm

- Friday: 6.30pm-9.30pm
- Saturday: 9am-1pm
- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 37% patients said they could get through easily to the surgery by phone (CCG average 61%, national average 73%).
- 56% patients described their experience of making an appointment as good (CCG average 65%, national average 73%).
- 45% patients said they usually waited 15 minutes or less after their appointment time (CCG average 51%, national average 65%).

The practice was aware of patient concerns regarding phone and appointments access. They gave us examples of how they had sought to improve patient access. For example, the practice had recruited an additional part time member of staff to assist with call handling at peak times. The phone system had been updated to increase capacity and to enable administrative staff on other floors to answer phones from their desks.

We asked PPG members for their views on phone and appointments access. They told us that, although patients continued to experience difficulties, access had improved. They also spoke positively about how the practice had listened to their suggestions and acted on their concerns in this area. We noted that three of the PPG's five action plan priorities related to improving phone access and appointments (for example promoting online services and encouraging patients to use this resource as an alternative to phoning the practice). We also noted that two salaried GPs had been appointed in the last 12 months to increase appointments availability.

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.

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

We saw that information was available to help patients understand the complaints system such as in reception, on the practice website and in a patient information leaflet. The leaflet informed patients of the timescales for the acknowledgement, investigation and outcome of their complaint. Patient information on how to complain had been identified as an area requiring improvement at our August 2014 inspection.

We looked at six complaints received since October 2014 and found that they had been satisfactorily handled, and

dealt with in a timely and open way. There was also evidence that lessons were learnt from concerns and complaints and that action was taken as a result to improve the quality of care. For example, in October 2014, a complaint had been received from a newly registered patient who had had to attend the practice three times due to incorrect registration. Team meeting minutes showed that the learning from this complaint had been for reception staff to be more vigilant and ensure that all necessary information was collected at patient registration.

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 health of its patients. The practice had a statement of purpose and staff we spoke with were aware of and understood its values.

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; and that practice specific policies were implemented and available to all staff.
- A comprehensive understanding of the performance of the practice including areas where improvements were identified (such as phone access).
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- System in place for identifying, recording and managing risks, issues and implementing mitigating actions for example regarding IPC and significant events.

At our August 2014 inspection, we noted that the Registered Manager retired from full time practice in December 2013. The practice manager had taken on the role of Registered Manager but had not notified us or submitted an application for registration. At this inspection we noted that the practice manager had made a successful Registered Manager application.

Leadership, openness and transparency

At our August 2014 inspection we noted that the senior GP lacked the capacity to undertake effective clinical leadership at the practice. Concerns were identified regarding systems for sharing learning from significant events and patient safety alerts; and regarding the process for acting on blood test results in a timely manner.

At this inspection, we noted that two salaried GPs had been appointed. The senior GP told us that the appointments had allowed him to focus on clinical leadership issues such as succession planning. We noted that new clinical systems had been put in place for patient safety alerts and for

acting on blood test results in a timely manner. Systems for knowing about notifiable safety incidents and learning from them in a non blaming manner had also improved. For example, the practice had recorded 19 significant events since January 2015. Staff told us that the practice encouraged a culture of openness and honesty.

We found the senior GP now had the experience, capacity and capability to run the practice and ensure high quality care; supported by the practice's salaried GPs. The senior GP was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

- Records showed that the practice held regular minuted clinical and team meetings.
- Staff told us that they had the opportunity to raise any issues at team meetings and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the senior GP at the practice. We were told that all staff were involved in discussions about how to run and develop the practice; and the senior GP 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. PPG members told us that the practice had acted on a range of suggestions including proposals to increase phone access and appointments availability.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and

Are services well-led?

Good 

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

discuss any concerns or issues with colleagues and management. Staff minutes showed that staff had been actively involved in improving the practice for example regarding changes to the appointments system.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. For example, clinical audits were used to drive improvements in patient outcomes. Significant events analyses were used to maintain and improve patient safety. Infection control audits were used to bring about improvements in infection prevention and control systems. Staff meeting minutes

highlighted that staff had analysed 2015 national patient satisfaction scores and put in place measures to address the top three areas which were below CCG and national averages.

The practice team was part of a local scheme to provide late night and weekend appointments from ten local GP surgeries. The practice manager had given a recent presentation to a local practice manager's forum on the practice's experience of a CQC inspection and how it had supported continuous improvement. We noted that the practice had acted on the areas of concern identified at our last inspection and had use them to continuously improve the service.