Dr D Dhaduvai & Dr S Chaudhuri

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practic

We carried out an announced comprehensive inspection Dr D Dhaduvai & Dr S Chaudhuri's practice on 17 September 2015. Overall the practice is rated as good.

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.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- 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.
- Regular multi-disciplinary team meetings were in place at the practice.
- 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.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should

- Ensure that safeguarding is a standing item on the agenda of formal clinical meetings and that a more formal register is kept of vulnerable adults.

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. However, safeguarding was not a standing agenda item at clinical meetings.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services.

Patients that we spoke to and feedback from both CQC cards and the national patient survey showed us that many patients were happy with the service provided by the practice. 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Information for patients about the service on posters, in the practice leaflet and on the website was easy to understand.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice had targeted care for the practice population in conjunction with the NHS England Area Team and Clinical Commissioning Group (CCG). Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent

Summary of findings

appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was based in a converted house which limited access to some rooms for wheelchair users, but arrangements were in place that these patients could be seen in other rooms. 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 and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. Staff said that they felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems 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. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients over 75 had a named GP. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. The practice met regularly with the palliative care team, health visitors and district nurses to provide care for these patients. Most patients with long term conditions were reviewed annually. For example 96% of all diabetic patients had been reviewed in the last year.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were safeguarding processes in place at the practice and children who were potentially at risk could be identified. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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 hours offered extended hours from 7am on a Thursday for commuters. There were also telephone consultations available. The practice offered access to appointments and precriptions online as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. It had carried out annual health checks for people with a learning disability with 88% of 11 of these patients having received a health check in the last year. Patients with a learning disability were offered longer appointments.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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. The care of vulnerable adults was discussed in clinical meetings, but not as a standing agenda item. The practice could search for vulnerable adults on a database, but no formal register of vulnerable adults was kept. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 78% of 18 patients with Dementia had received an annual review in the last 12 months. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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. A system was in place to recall any patients with poor mental health who had not attended appointments, and also any patients who had attended accident and emergency. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey for 2014/5 showed the practice was performing in line with local and national averages. There were 112 responses and a response rate of 32 %.

- 80% find it easy to get through to this surgery by phone compared with a CCG average of 61% and a national average of 63%.
- 81% find the receptionists at this surgery helpful compared with a CCG average of 81% and a national average of 87%.
- 71% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54% and a national average of 60%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 85%.
- 93% say the last appointment they got was convenient compared with a CCG average of 89% and a national average of 92%.
- 71% describe their experience of making an appointment as good compared with a CCG average of 64% and a national average of 73%.
- 68% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57% and a national average of 65%.
- 52% feel they don't normally have to wait too long to be seen compared with a CCG average of 51% and a national average of 85%.

As part of our inspection process we asked for CQC comment cards to be completed by patients. We received 34 comment cards. All of the cards were positive in relation to the quality of the care, and their were positive individual comments relating to the helpfulness of the staff. However, five of the comment cards stated that appointments could be difficult to access.

We spoke to two members of the practice's Patient Participation Group (PPG) and eight other patients. All stated that the service provided by the practice was good. These findings were in line with the national GP patient survey and CCG and national averages.

Dr D Dhaduvai & Dr S Chaudhuri

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC lead inspector, a GP specialist advisor and an expert by experience.

Background to Dr D Dhaduvai & Dr S Chaudhuri

Dr D Dhaduvai and Dr S Chaudhuri's practice (also known as Parkside Surgery) is in Barnehurst in the London Borough of Bexley. The practice has one practice GP principal who manages the practice which is based at a single site. The practice is based in a converted house which has been modified to ensure that it is fit for clinical use.

The practice provides primary medical services to approximately 4,900 patients. The practice currently uses a long term locum following the departure of the other partner in the practice. The GP principal is lead for most areas in the practice. Both GPs in the practice are female. The practice also employed two nurse practitioners (equivalent to 1.1 whole time equivalent [WTE]), two nurses (equivalent to one whole time equivalent), a practice manager, a data manager, a senior receptionist and three other receptionist. The practice manager told us that another administrator would be starting work at the practice the week after the inspection to fill a previously vacant post.

The practice is contracted to provide General Medical Services (GMS) and is registered with the CQC for the following regulated activities: treatment of disease, disorder or injury, maternity and midwifery services, family planning, surgical procedures, and diagnostic and screening procedures at one location.

The practice provides a number of enhanced services, including childhood vaccinations, influenza immunisations, learning disabilities, and rotavirus and shingles Immunisation.

The practice is open from 8:00am until 6:30pm on Mondays, Tuesdays, Wednesdays and Fridays and from 7:00am until 1:00pm on Thursdays. A local Bexley co-operative provides services to patients who need to see a practitioner between 1:00pm and 6:30pm on Thursdays. Outside of normal opening hours the practice used a Bexley based out of hours provider.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Detailed findings

- Is it well-led?

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

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England and Bexley Clinical Commissioning Group (CCG) to share information about the service. We carried out an announced visit on 17 September 2015. During our visit we spoke with patients and a range of staff which included GPs, practice manager, nurse, and receptionists. We spoke with eight patients who used the service, and received comment cards from a further 34 patients. We also and reviewed the personal care or treatment records of patients and observed how staff in the practice interacted with patients in the waiting area.

As part of the inspection we reviewed policies and procedures and looked at how these worked in the practice.

Good

Are services safe?

Our findings

Safe track record and learning

The practice had a clear system for the reporting and management of significant events, including templates. There had only been two significant events in the last year. These were managed in line with the practices own policies. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff were aware of escalation processes in the practice and told us that they would speak to the practice manager in the first instance if a serious event occurred. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following one of the significant events, a new process of what information should be flagged on the patient record was put in place.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The GP principal was lead for safeguarding and policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff were aware of when issues should be raised. The lead GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice maintained a register of vulnerable children but not adults, although vulnerable adults could be searched using the computer system in the practice. Safeguarding issues were discussed as they arose rather than as a standing item at clinical meetings
- A notice was displayed in the waiting room, advising patients that nurses and receptionists would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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).
- 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 was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. The practice had cleaning logs and an annual infection control audits had been undertaken. Infection control equipment such as gloves, masks, aprons and spill kits were available if required.
- 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 had worked with the CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were checked in and out and recorded as appropriate and were securely stored.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. If members of staff in the practice were on annual leave or they were unwell, cover was provided by locums and other staff working overtime.

Arrangements to deal with emergencies and major incidents

There were systems in place to ensure that staff could be alerted to any emergency, including panic buttons. Staff knew what action to take in the event of a patient being taken seriously unwell in the practice. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff and all staff where these were located. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage, which included using the premises of a nearby practice. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure that all staff were up to date, including meetings, appraisals and training courses. We saw that all clinicians in the practice had attended update courses and that the lead GP met regularly with pharmacy advisers. The practice also worked closely with another practice nearby. There was a weekly meeting at the other practice which the practice principal attended, which included shared learning from significant events.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 90% of the total number of points available, with 7% exception reporting. This was a significant improvement in QOF from the previous year where the practice had scored 78%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from last year showed that

- Performance for diabetes related indicators was similar to the CCG and national average. For example the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 73%, compared to a CCG average of 73% and a national average of 69%
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average.
- Performance for mental health related indicators was similar to the CCG and national average. For example the percentage of patients with dementia who had been reviewed in the last year was 78%, compared to a CCG average of 75% and a national average of 78%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We were provided with copies of three clinical audits completed in the last two years. There had been a two cycle audit completed on statins. The practice had reviewed medicines in line with NICE and MHRA regulations, and had called patients to the surgery where medications needed to be amended. The second audit showed an improvement in the number of patients were being treated in line with these guidelines. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

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 confidentiality. The practice manager detailed an induction programme that had been developed for a new member of staff who was starting work the week after the inspection.
- 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, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The practice manager kept a training matrix so that they could review progress against mandatory training.
- The GP principal and staff in the practice both told us that there was currently a shortage of administrative staff. This had led to a new administrator being appointed who was due to start the week after the inspection. The GP principal and practice manager told us they would be looking at recruiting further staff.

Coordinating patient care and information sharing

Good

Are services effective?

(for example, treatment is effective)

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 access to care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. We saw evidence that multi-disciplinary team meetings took place every six weeks at the practice. District nurses, health visitors and representatives of the palliative care team attended these meetings. We saw that care plans were discussed at these meetings.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and assessment of competency in younger people. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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. Patients were then signposted to the relevant service. The practice provided health promotion and preventative advice to its patients. There were posters and leaflets in the reception area, and there were boards that provided information such as how to access support groups.

The practice had a comprehensive screening programme in place. The practice's uptake for cervical smears in the last year was 80%, compared to 82% nationally. The practice had reminders on the patient record for those patients attending who had not had a cervical smear in the last five years.

Childhood immunisation rates for the vaccinations given were comparable to CCG/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. The practice followed up patients for health assessments, and information on the assessment showed that 96% of the practices diabetic patients had received a health check in the last 12 months.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We noted during the inspection that reception staff had established a rapport with many of the practice's staff, and that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. We observed that patients were treated with respect. All but one of the patients that we spoke to said that staff were warm and helpful, the other saying that making appointments could sometimes be difficult.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations 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 discuss them in a more discreet area or offer them a private room to discuss their needs.

Twenty-nine of the 34 patient CQC 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 also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was slightly below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 77% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 80% said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 88% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.
- 80% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.
- 81% patients said they found the receptionists at the practice helpful compared to the CCG average of 81%% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was mostly positive in this regard, although two patients did comment that sometimes the GP did not listen.

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

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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. Carers were offered yearly health checks and written information was provided to show what support was available to them.

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, including counselling services which were available locally.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example at locality meetings referral rates were discussed to ensure that the practice was managing patients in line with national guidelines.

The practice had also met with another practice locally to share learning and determine what other services could be provided. For example, the doctors and nurse practitioners at the practice were all female so the practice had arranged for one of the male practitioners at the other practice to attend one session per week, and the practice partner had a reciprocal arrangement with the other practice. The practice had carried out recruitment checks to support this.

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

- Outside of the normal 8am – 6:30pm working hours the practice offered appointments until from 7:00am on Thursday mornings for the benefit of working people. However, five patients who completed CQC feedback cards said that appointments could be difficult to access.
- Double length appointments were available for patients with learning disabilities, those with multiple long term conditions and carers.
- Home visits and telephone appointments were available to those patients who required them.
- Emergency appointments were always made available for children and those with serious medical conditions.
- The practice website provided information to patients about how to access services, and appointments and prescriptions could be requested online.
- There were disabled facilities, hearing loop and translation services available. However, the nurse practitioners room at the practice was not wheelchair accessible.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday, except for Thursdays when the practice opened at 7:00am and closed at 1:00pm. A local Bexley co-operative provides services to patients who need to see a practitioner between 1:00pm and 6:30pm on Thursdays. In addition to pre-bookable appointments that could be booked up to six 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 local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 85%.
- 80% patients said they could get through easily to the surgery by phone compared to the CCG average of 61% and national average of 73%.
- 71% patients described their experience of making an appointment as good compared to the CCG average of 64% and national average of 73%.
- 68% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system, including posters in the waiting area and on the practice website.

We looked at five complaints received in the last 12 months and found that they had been dealt with in a timely way. The practice acknowledged any mistakes made and offered apologies, and any learning points had been discussed in team meetings, including in one case how correct information should be provided to patients at reception, and in another case how information should be collected by doctors during initial appointments where a diagnosis is made.

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 was actively looking to recruit a new partner following the recent departure of the second partner at the practice. As part of the business plan the practice had worked closely with a nearby practice. The staff and the patient participation group (PPG) at the practice were both aware of the practices vision and strategy.

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. At the time of the visit staff at the practice reported that additional staffing was required to help accommodate a high workload. The practice had recruited a new administrator to reduce some of this burden.
- Practice specific policies were implemented and were available to all staff. All staff at the practice knew where to find them and we saw that the practice adhered to it's policies.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Meetings in the practice contained relevant issues and were minuted. However, safeguarding was not a standing item at practice meetings.

Leadership, openness and transparency

There were clear leadership roles in the practice, with the practice principal acting as lead in most clinical areas and the practice manager in non-clinical areas. The leaders in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. Staff at the practice said that the GP principal and the practice manager were accessible and there was a culture of openness.

Staff told us that regular team meetings were held, and that they enjoyed working at the practice. They also said that they felt valued and supported. Staff were involved in discussions relevant to their roles in the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. There was a long standing patient participation group (PPG) at the practice and they had undertaken surveys on behalf of patients. The group met every two months and members of the group told us the practice principal and manager were receptive to their ideas, and that they had submitted proposals for improvements to the practice management team. For example, at the PPG's request the practice had implemented a system whereby appointments became available 24 hours in advance rather than on the day of the appointment. They said that this had made appointments easier to access.

The practice had informally gained feedback from and there were occasional all staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.