

Dr Immaneni Sudha

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Immaneni Sudha on 23 May 2016. Overall the practice is rated as good.

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

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

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

We saw one area of outstanding practice:

The practice had reviewed its levels of chlamydia screening and found six recorded in 2014. The practice employed methods such as opportunistically targeting at risk groups and inviting them for chlamydia screening. They also provided free educational sessions about chlamydia in local schools. As a result, the number of patients screened rose from six in 2014 to 327 in 2015. The practice was awarded a Certificate of High Achievement for its performance in the Chlamydia screening programme for the year 2014/15.

Summary of findings

The areas where the provider should make improvements are:

- The business continuity plan should include emergency contact number of all staff. Copies of the business continuity plan should be kept off site.
- All staff should receive an annual appraisal, including the practice manager.
- The practice should review their process for taking minutes at meetings and ensure processes are in place to share discussions at meetings with all staff.
- The practice should take reasonable steps to form a patient participation group (PPG) and consider other ways to gain patient's views and encourage patient participation in the running of practice.
- Notes taken at staff interviews should be kept on file for future reference.
- Regular fire drills should be carried out.
- Review their immunisation rates for children aged five years to support improvement.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice had a scheme whereby elderly people meeting certain criteria were offered telephone consultations with their GP of choice. Where necessary multi disciplinary teams were contacted to provide the necessary intervention and support.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice did not have a patient participation group (PPG).
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Specific care plans were prepared for patients with multiple conditions.
- The practice maintained a palliative care list and all staff were aware of the patients on the list. Palliative care meetings took place every three months.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had an over 75s scheme which included prioritisation for on the day telephone consultations and processes to avoid admissions using the appropriate multi disciplinary team (MDT). Patients were able to speak to the GP of their choice.
- The practice actively promoted dementia screening and memory tests.
- The practice had a number of patients at a local care home where they visited every two weeks

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.
- The percentage of patients with diabetes, on the register, who had an influenza

Immunisation in the preceding 1 April 2014 to 31 March 2015 was 99% against the national average of 94%.

- Clinical specialists in diabetes were available which meant fewer referrals and better choice for patients.
- Longer appointments and home visits were available when needed.
- All patients on the long term conditions registers had a named GP and a structured annual review to check their health and

Summary of findings

medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 86% and five year olds from 64% to 76%.

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- Immunisation and child health checks were booked on notification of birth.
- Health visitors were based on site and there was evidence of good communication sharing of information between services.
- 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 percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 84% against the national average of 82%.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- We saw positive examples of joint working with midwives, health visitors and school nurses. For example, district nurses were consulted as to whether a Doppler scan (a form of ultrasound scan that helps to assess a baby's health) was appropriate for a patient, rather than referring them.
- Postnatal checks and contraceptive services were provided. This included emergency contraception for which a triage system operated.
- Chlamydia testing was actively promoted. The practice provided free educational sessions at local schools to promote the screening process.

Good



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).

Good



Summary of findings

- 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.
- Saturday morning and late evening appointments were available.
- Telephone consultations and electronic prescribing was available for patients as an alternative if they could not attend in person.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- Patients who did not attend appointments were contacted to ascertain if they had any particular support requirements.

Good



People experiencing poor mental health (including people with dementia)

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

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The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% against the national average of 88%.

Good



Summary of findings

- The practice achieved 100% in all mental health related indicators for the period 01/04/2014 to 31/03/2015.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Carers details were included in patient notes.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above local and national averages. 248 survey forms were distributed and 110 were returned. This represented 2% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 98% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. Patients commented on the high quality of medical care and the caring, sensitive attitude of staff towards them.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. 100% of respondents in the friends and family test said they would recommend the practice.

Dr Immaneni Sudha

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 adviser and a practice manager specialist adviser.

Background to Dr Immaneni Sudha

Dr Immaneni Sudha, also known as Avon Road surgery, is located on Avon Road in Upminster, Essex RM14 1RG. The practice is based within Cranham Health Centre and shares the premises with a number of local health services including midwives, health visitors and community matrons. The building is a modern, purpose built building with good disabled access. There is limited car parking at the practice, however other car parks are available nearby. Cranham health centre is located in a residential area, away from Upminster town centre and is served by a local bus route.

Upminster is a town in the London Borough of Havering to the east of London. The practice profile shows a higher than average proportion of patients aged 40 to 49 and 75 upwards. The locality is in the least deprived decile in terms of deprivation score. At 81 for males and 85 for females, life expectancy is above the CCG and national averages of 79 and 79 years for males and 84 and 83 years for females. According to 2011 Census data the majority of residents of the London Borough of Havering are white (including non-British white) at 88%, followed by people of Asian (4.9%) and then black ethnic groups (4.8%).

The practice staff consists of two GP partners and a salaried GP, two GP registrars, a trainee (F2) doctor, two practice

nurses and a health care assistant. The total number of GP principal sessions is 20 with 14 registrar sessions and seven F2 sessions per week. Non-clinical staff include a practice manager, three administrators, five receptionists and a medical secretary. All staff at the practice are female. The practice is a training practice.

The practice is open between 8am and 7pm everyday except Wednesday when it closes at 6.30pm. It closes for an hour from 12.30pm to 1.30pm. The practice also opens and on alternate Saturdays from 9am to 11am.

GP appointments in the morning are from 8.30am to 11.30am on Monday to Friday. In the afternoon they are from 1.30pm to 5.30pm on Monday and 4pm to 5.30pm every day except on Wednesday when there are no afternoon GP appointments.

Nurse appointments are available Monday to Friday 9am to 6pm with a break between 12.30pm and 2pm. Appointments are available with both GPs and nurses between 9am and 10am on alternate Saturdays. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are also available for people that need them.

Outside of these hours, services are provided by the local GP cooperative and the GP hub which is open from 6.30pm to 10pm on weekdays and 12pm to 5pm on a Saturday and 12pm to 4pm on a Sunday. There are also a number of local walk in centres open until 7pm and the NHS 111 service.

The practice is registered with the Care Quality Commission to carry on the following regulated activities from Avon Road in Upminster, Essex RM14 1RG: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

Detailed findings

Why we carried out this inspection

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

The practice had not been previously inspected.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 May 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice nurse, health care assistant (HCA) and reception/administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Significant events were discussed and learning was shared at practice meetings and through the practice's computer alerts system. They were also recorded in a "day book" which all staff were required to read.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, in relation to a delayed diabetes diagnosis, the practice reviewed the process for dealing with blood results and for documenting attempts to contact patients following the receipt of blood results. Learning points identified included acting immediately on urgent results, communicating urgency to reception staff and following up patients personally to ensure appropriate action was taken by them.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs 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 on safeguarding children and vulnerable adults relevant to their role. GP, nurses and the health care assistant (HCA) were trained to child protection or child safeguarding level 3. All other staff were trained to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. The landlord of the premises provided contract cleaners who were responsible for all general cleaning tasks. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Patients who did not collect prescriptions were contacted to check on their welfare and if any additional support was required.
- 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. Blank prescription forms and pads were securely stored and there were systems in place to

Are services safe?

monitor their use. The nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- Medicines in doctor's bags were checked monthly to ensure they were available and in date.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, interview summaries were not kept.

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 which identified local health and safety representatives. The practice had up to date fire risk assessments but did not carry out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Cover for leave and busy

periods was provided by existing staff. Non-clinical staff were trained to cover reception and administrative duties. This meant there was flexibility to cover busy periods and leave. The last time a locum GP was used was one year previous.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Fire wardens were provided and the landlord tested the alarm system weekly.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. However not all staff emergency contact numbers were included. A copy of this plan was not kept off site in case the building was inaccessible.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available (549 points out of 559 points).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients with diabetes, on the register, who had an influenza

immunisation in the preceding 1 April 2014 to 31 March 2015 was 99% against the national average of 94%.

- Performance for mental health related indicators was above the national average. For example 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which above the national average of 84%. The practice achieved 100% in all mental health related indicators for the period 01/04/2014 to 31/03/2015.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had reviewed its levels of chlamydia screening and found six recorded in 2014. The practice employed methods such as opportunistically targeting at risk groups and inviting them for chlamydia screening. They also provided free educational sessions about chlamydia in local schools. As a result, the number of patients screened rose from six in 2014 to 327 in 2015.
- The practice received a certificate of high achievement from the Terence Higgins Trust and Havering Council for being the top performing provider for the Havering chlamydia screening programme for the year 2014-2015.

Information about patients' outcomes was used to make improvements. An example followed information from the Medicines and Healthcare products Regulatory Agency (MHRA) that a particular medicine should not be prescribed to patients with kidney related conditions. The practice identified and reviewed the notes for all relevant patients and ensured they were flagged accordingly to ensure these patients would not be prescribed this medicine in future.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

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

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. However, the practice manager had not received an appraisal for three years. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Trainees had protected time on Wednesday afternoons and weekly tutorial sessions with their trainer. All staff except the practice manager had received an appraisal within the last 12 months. We were told the practice manager had an appraisal in December 2014 however the relevant forms were not available at the time of our inspection. In 2015 their appraisal had been postponed due to sickness and had not been rearranged. Following the inspection it was confirmed by the practice that the practice manager's 2016 appraisal had taken place in July.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Patients who had been discharged from A&E were

contacted by the practice within two days to check if they needed a home visit or any changes to their medication. Their notes were updated accordingly. Integrated care team meetings (ICM) took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Notes for patients who were seen by the out of hours services were reviewed daily and brought to the GPs attention where further action was required. Patients were provided with a summary of their notes or a letter from a GP to take with them if they had a weekend appointment with the local GP hub. Services such as district nurses, midwives and community matrons were based in the same building as the practice. We saw evidence of good communication between the services.

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. Patients were provided with a consent form where all details of the proposed procedure/treatment were recorded. The form was signed by the clinician, patient and interpreter (where relevant).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice had a board which displayed all patients receiving palliative care. The palliative care register

Are services effective?

(for example, treatment is effective)

included all patients deemed to be in their last year of life who had a variety of conditions including cancer, dementia, heart failure and renal failure. Personalised care plans were in place for these patients which included their carer's details.

- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 79% which was comparable to the CCG average of 77% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe

systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 86% and five year olds from 64% to 76%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice used online risk profiling tools to identify patients at risk of being admitted to hospital. This allowed the appropriate care plans to be implemented with multi-disciplinary involvement to prevent patients being admitted to hospital or to treat them at home where this was appropriate.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The practice did not have a patient participation group (PPG). We were told the PPG had disbanded three or four years ago and to date, they had been unable to recruit members to start a new one. The practice had a patient reference group (PRG) which is a virtual patient group. The practice consulted this group by email about decisions about the range and quality of services provided. We were told the response rate from this group was low in spite of the groups having 103 members.

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

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.

- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- 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.

Are services caring?

- Information leaflets were available in easy read format.
- Patients with a visual impairment were escorted to consulting rooms were required.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. New patients were asked to indicate on the

new patient questionnaire if they were carers. The practice had identified 48 patients as carers (1% of the practice list). Carers were contacted and offered services such as flu vaccinations to ensure their own health was also maintained. 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had recognised it had a high number of elderly patients within its locality. In order to meet their needs and to prevent hospital admissions the practice had a scheme whereby elderly people meeting certain criteria were offered telephone consultations with their GP of choice. Where necessary multi disciplinary teams were contacted to provide the necessary intervention and support.

- The practice offered extended nurse appointments (until 7pm) on Mondays, Tuesdays, Thursdays and GP and nurse appointments on alternate Saturdays for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Patients were able to access services such as anticoagulation, ambulatory blood pressure monitoring (a non-invasive method of obtaining blood pressure readings over a 24-hour period) and electrocardiogram (ECG) (a test that checks for problems with the electrical activity of your heart) at the practice rather than at other local services. This was more convenient for patients.

Access to the service

The practice was open between 8am and 7pm everyday except Wednesday when it closed at 6.30pm. It closed for an hour from 12.30pm to 1.30pm. The practice also opened and on alternate Saturdays from 9am to 11am.

GP appointments in the morning were from 8.30am to 11.30am on Monday to Friday. In the afternoon they were from 1.30pm to 5.30pm on Monday and 4pm to 5.30pm every day except on Wednesday when there were no afternoon GP appointments. Nurse appointments were available Monday to Friday 9am to 6pm with a break between 12.30pm and 2pm. Appointments were available with both GPs and nurses between 9am and 10am on alternate Saturdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Outside of these hours, services were provided by the local GP cooperative and the GP hub which was open from 6.30pm to 10pm on weekdays and 12pm to 5pm on a Saturday and 12pm to 4pm on a Sunday. There were also a number of local walk in centres open until 7pm and the NHS 111 service.

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

- 89% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients requesting a home visit were required to contact the surgery before 10.30am. The GP would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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

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

We looked at two complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint about staff attitude, the patient was met with and the complaint was discussed. A formal response was sent and a review was carried out into the training needs of reception staff that were issued with guidance about their role.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. The practice won a Havering CCG Award for practice experience in 2014. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. Staff meetings were held every three months and were not always minuted. Clinical meetings took place every two weeks but these were not minuted.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that the team went out together at Christmas time and otherwise occasionally. There was a staff bonus scheme which was based on performance.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- One of the two GP partners was a GP trainer.

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

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

- The practice did not have a patient participation group (PPG). They did have patient reference group (PRG) which was purposed with gathering patient feedback and views. A PRG is a virtual patient group the practice consulted about decisions about the range and quality

Are services well-led?

Good 

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

of services provided. There were 103 members of the PRG, however we were told the response rate to requests for feedback from the practice manager was low.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Results of audits were shared with all staff at practice meetings. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. In addition to the practice's innovative approach to increasing chlamydia screening locally, the practice was proactive in ensuring patients were correctly identified for the palliative care register. This register included patients with conditions such as heart failure, dementia and chronic obstructive pulmonary disease (COPD) as well as cancer. Once identified and included on the register, patients received additional proactive support which led to better coordinated and personalised care.