

# Dr Shashi Arora

## Quality Report

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Date of inspection visit: 22 March 2016  
Date of publication: 27/05/2016

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

### Ratings

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

# 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 Shashi Arora's practice (also known as Baring Road Medical Centre on 22 March 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, although the policy for managing such issues lacked specific detail.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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 difficult to make an appointment with a named GP and that routine appointments were not always immediately available. However, there were 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 in some cases.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- The practice should ensure that all clinical staff have DBS checks. If non-clinical staff are not DBS checked then a risk assessment as to why this is not required must be in place.
- The practice should review its appointments systems, and telephone answering service in line

# Summary of findings

with feedback from patients that we spoke to, comment cards that we received and the national patient survey which said that telephone waits were long and appointments difficult to access.

- The practice should consider reviewing its diabetes management processes to seek ways to improve its patient outcomes in this area against national figures.
- The practice should ensure that the seats in the reception area are free from tears to ensure that they are not an infection control risk.
- The practice should ensure that floor covering on stairs are firmly attached so that in future they do not become a trip hazard.
- The practice should review its policies to ensure that they are thoroughly documented, specifically detailing how and when the policy should be used, and what actions should be taken. In particular the serious untoward events policy and fire prevention policies should be reviewed.
- The practice should look into ways of better identifying carers.

**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, but the practice policy for managing events lacked some specific detail.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- 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.
- At the time of the visit some clinical staff had not received Disclosure and Barring Service (DBS) checks, although they had been requested.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average in most areas. However, diabetes outcomes for the last year were below national averages.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Good



# Summary of findings

- 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly. They stated that routine appointments were not readily available, although urgent appointments were usually available the same day.
- Patients reported that telephone access for the practice was subject to long waits.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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. However, the governance documents that we reviewed lacked some specific detail, most notably those for fire safety and the management of serious untoward events.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients. We saw from the patient participation group that the practice had been quick to suggest improvements. However, the practice had not proactively reviewed other patient surveys, and we were told that routine appointments were still difficult to access.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

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

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was lower than the CCG and national average. The practice had scored 71% in QOF with a total of 61 of 86 points scored. The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 67%, compared to a national average of 77%. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 69% compared to a national average of 81%.
- Longer appointments and home visits were available when needed.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to the national average of 82%.

Good



# Summary of findings

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

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

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

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

Good



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

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

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

Good



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

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

- 74% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average/ worse than the national average.

Good





# Summary of findings

- Performance for mental health related indicators was similar to the CCG and national average. The practice had attained 81% of the available QOF points, scoring 21 of 26 points. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 74%, compared to a national average of 84%. A comprehensive care plan was in place for 80% of patients, compared to 79% within the CCG and 75% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results for 2014/5 showed the practice was performing below the level of local and national averages. Three hundred and sixty survey forms were distributed and 123 were returned. This represented two per cent of the practice's patient list.

- 58% found it easy to get through to this surgery by phone compared to a CCG average of 66% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 73% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 68% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards some of which were positive about the standard of care received. Eleven of the cards stated that staff were caring and that overall the level of service was good. However, seven of the responses said that appointments were difficult to access.

We spoke with 12 patients during the inspection. All 12 patients said they were happy with the care they received and thought staff were approachable, committed and caring. However, four of the patients told us that appointments were difficult to access, and that waiting times both on the telephone and in the waiting room could be long.

# Dr Shashi Arora

## 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, a second CQC inspector, and an Expert by Experience.

## Background to Dr Shashi Arora

The practice of Dr Shashi Arora, also known as Baring Road Medical Centre, is based in the London Borough of Lewisham. The practice is run by one GP (female) who works full time at the practice and manages the site. The practice is a modern purpose built premises from which the practice has been based since 2008. The address of the practice is 282 Baring Road, Grove Park, London, SE12 0DS.

The practice is in an area with a mixed demographic, including areas of both relatively high and relatively low deprivation. The practice population is predominantly white English. However, the practice has in recent years seen an increase in population of white (other), mostly patients who are originally from Eastern European countries.

The practice has a list size of approximately 6,500. Further to the GP who runs the practice, there are three salaried GPs (two female and one male). In total 26 GP sessions are offered per week. There are also two practice nurses, one of who was a lead, and two healthcare assistants. There is also a practice manager and 12 other administrative and reception staff.

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

The practice is open between 8:00am and 6:30pm Monday to Friday. The practice also had extended hours on Wednesday from 6:30pm until 8:00pm where appointments with a GP, nurse or healthcare assistant were all available. Scheduled appointments are available throughout the day apart from 1:00pm until 2:00pm daily for lunch, although a duty doctor is on call at this time in the event that a patient needs to see a GP as a matter of urgency.

The practice had been inspected in July 2014 under the CQCs previous inspection methodology. It had not been previously inspected under the new methodology.

## Why we carried out this inspection

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

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.

# Detailed findings

## 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 22 March 2016. During our visit we:

- Spoke with a range of staff (including the practice principle, the salaried GPs, the practice manager, practice nurses and receptionists/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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice investigated a missed diagnosis. The investigation specified that an endoscopy had been suggested but a referral had not been made. A family history had also not been noted. The practice had implemented a new referral protocol whereby any red flag symptoms indicated specific symptoms might be indicated led to a referral. We saw evidence from meeting minutes that these had been shared with all staff to ensure that they were aware of the protocol. We saw that meeting minutes were available for staff to review.

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

### Overview of safety systems and processes

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

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

they understood their responsibilities and all had received training relevant to their role. GPs were trained in child protection to level 3, and nurses to level 2. All non-clinical staff were trained to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. We were told that chaperoning was only undertaken by Healthcare assistants and nurses. All staff who acted as chaperones were trained for the role and several had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, the practice manager told us that two members of the clinical staff had not received a DBS check, although we were told that applications had been made and were awaited.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. However, we noted that several seats in the reception area were in poor condition and the upholstery had worn away. This meant that they could not be effectively cleaned. We also noted that although the building was relatively new, the covering on some of the steps between floors was starting to peel. 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 practice nurse told us that there was insufficient resource from the CCG to undertake an external infection control audit this year, so she had audited the practice herself.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to

## Are services safe?

allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- 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 (DBS). We noted that for two of the clinical staff a DBS check had not been carried out but were told that it was progressing.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Where locums were required the practice used a regular supplier and a thorough "aide memoire" was in place for locums who had not worked in the practice before. All locums were also provided with an induction.

### 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.
- All staff received annual basic life support training and there were emergency medicines available in a cupboard in the reception area. All staff knew where emergency medicines were kept.
- The practice did not have a defibrillator available on the premises on the day of the inspection but confirmed that a defibrillator had subsequently been purchased. Oxygen with adult and children's masks was available. A first aid kit and accident book were also available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 89.2% of the total number of points available, with 4.3% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The level of exception reporting is significantly below the national average. The practice principle told us that exception reporting was only used after three unsuccessful follow ups. This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF and other performance data showed;

- Performance for diabetes related indicators was lower than the CCG and national average. The practice had scored 71% in QOF with a total of 61 of 86 points scored. The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 67%, compared to a national average of 77%. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 69% compared to a national average of 81%.

- Performance for hypertension related indicators was similar to the CCG and national average. The practice had scored a maximum 26 points for QOF. The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 84%, the same as the national average.
- Performance for mental health related indicators was similar to the CCG and national average. The practice had attained 81% of the available QOF points, scoring 21 of 26 points. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 74%, compared to a national average of 84%. A comprehensive care plan was in place for 80% of patients, compared to 79% within the CCG and 75% nationally.

Clinical audits demonstrated quality improvement.

- There had been two completed clinical audits completed in the last two years, where the improvements made were implemented and monitored. For instance, following an audit on a medicine used to treat asthma (fluticasone), the practice had created a protocol to ensure that they should always consider cheaper alternatives to fluticasone containing inhalers (such as Budesonide or Formoterol) where these were indicated.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to develop guidance. For example, following an audit of the treatment of urinary tract infections, the practice had provided guidance in relation to suitable first line treatments.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as 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 vaccinations and taking



# Are services effective?

## (for example, treatment is effective)

samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff that we spoke to told us that they felt that the appraisal system used by the practice was worthwhile. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, 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.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 97% and five year olds from 77% to 92%.

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



## Are services effective? (for example, treatment is effective)

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed 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 10 patient Care Quality Commission comment cards we received where the quality of care provided was mentioned 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.

We spoke with three members of the patient participation group and 12 other patients. They 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 felt they were treated with compassion, dignity and respect. The practice was average, or slightly below average for its satisfaction scores on consultations with GPs and above average for nurses. For example:

- 81% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 77% said the GP gave them enough time (CCG average 83%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 81%).
- 83% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

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

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were either similar to or slightly below local and national averages, although the patients that we spoke to said that doctors were good in this area. Results from the survey included:

- 77% 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%.
- 68% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81%, national average 85%).

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them 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. The practice manager and lead GP attended monthly meetings with the local cluster of practices.

- The practice offered a 'Commuter's Clinic' on Wednesday evening until 8.00pm for working patients who could not attend during normal opening hours. Appointments during this time were offered with GPs, nurses and the healthcare assistant.
- The practice offered 15 minute appointments. There were double appointments available for patients with a learning disability, and for those patients with multiple complex conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift so that patients could access both floors on which appointments were offered.
- The practice offered telephone consultations for those who could not attend the practice in person. The duration of telephone consultations had recently been reduced from 10 minutes to five minutes to improve capacity.

### Access to the service

The practice is open between 8:00am and 6:30pm Monday to Friday. The practice also had extended hours on Wednesday from 6:30pm until 8:00pm where appointments with a GP, nurse or healthcare assistant were all available. Scheduled appointments are available throughout the day. In addition to pre-bookable appointments that could be booked up to three months 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 below local and national averages:

- 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 58% patients said they could get through easily to the surgery by phone (CCG average 66%, national average 73%).
- 44% patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 59%).

People told us on the day of the inspection that they were not always able to get through on the telephone, with a number telling us that routine appointments were difficult to access. This was also noted as an issue in the comment cards, with seven of 14 patients reporting that telephone waiting times were long and routine appointments were difficult to access. We noted that on contacting the practice by telephone, the wait in the queueing system could be as long as 35 minutes before the call was answered. The practice had increased resource on telephone lines, but had not undertaken any further action to determine whether or not this could be improved.

### Listening and learning from concerns and complaints

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

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

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and patients were provided with an honest answer and an apology if required. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# 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. However, although summaries for practice policies were thorough, we noted that the main body of policies lacked specific detail about how and when the policy should be applied and what action should be taken. This was of particular note in the significant event and fire safety policies. We did note that staff were, however, generally well aware of processes.
- A programme of continuous clinical and internal audit which 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

The practice principle had the experience, capacity and capability to run the practice and ensure high quality care. She prioritised safe, high quality and compassionate care. Staff told us that the principle was visible in the practice and was approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG representatives told us that Dr Arora was always willing to listen and implement changes that they had suggested, such as staff wearing name badges.
- The practice had received feedback from patient surveys that routine appointments were difficult to

# Are services well-led?

Good 

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

access and that telephones were very busy. This remained an issue on the day of the visit and it was unclear whether or not substantial measures had been taken to address this.

- The practice had gathered feedback from staff through protected practice time with staff, all staff meetings and the appraisal process in the practice. Staff

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## **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.