

# Mawney Medical Centre

## Quality Report

7 St Edwards Way  
Romford  
Essex RM1 3DQ  
Tel: 01708741096

Website: [www.mawneymedicalcentre.nhs.uk](http://www.mawneymedicalcentre.nhs.uk)

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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 Mawney Medical Centre on 08 November 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 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 appointments were available the same day when they needed them; however it was more difficult to book appointments in advance. The practice was addressing this.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review security arrangements for computer prescription forms to bring them in line with best practice.
- Consider further ways of meeting the needs of patients with conditions in those clinical domains where exception reporting is comparatively high.
- Continue to monitor patients' access to appointments to confirm the changes the provider has made are working.

# Summary of findings

**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.
- Prescription form security arrangements should be strengthened.

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 higher than others locally 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.

Good



# Summary of findings

- 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. For example it provided minor surgery services for patients of other practices.
- Patients said same day appointments were available when they needed them but it was difficult to book an appointment in advance.
- The practice had increased the number of appointments available for the GPs and the Advanced Nurse practitioner.
- 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.
- Patients' access to appointments should continue to be monitored to confirm the changes the provider has made are working.

Good



## Are services well-led?

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

- The practice had a clear vision and aims to deliver high quality care and promote good outcomes for patients. Staff were clear about the aims and their responsibilities in relation to them.
- 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 team meetings.
- There was an overarching governance framework which supported the delivery of the aims 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

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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.

- 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.
- The GPs worked with other health and care professionals to provide packages of care, including for example falls management and preventing unplanned admission to hospital.
- A local charity visited the surgery once a month to provide information about services and the support on offer to older people in the area.

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 unplanned hospital admission were identified as a priority.
- Performance against Quality and Outcomes Framework (QOF) diabetes indicators was comparable to local and national averages.
- The practice offered insulin therapy initiation to patients who needed it.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- Performance against Quality and Outcomes Framework (QOF) cervical screening indicators was comparable to the local and national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies, including nappy changing facilities.
- We saw positive examples of joint working with health visitors.

## **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 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.
- 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).

- Seventy four per cent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.

Good



# Summary of findings

- Performance against Quality and Outcomes Framework (QOF) mental health related indicators was comparable to local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Talking Therapies counsellors were based at the practice once a week.
- 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 were published in July 2016. The results showed the practice was performing in line with national averages. Two hundred and sixty nine survey forms were distributed and 123 were returned. This represented one per cent of the practice's patient list.

- 49% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried (national average of 76%).

- 82% of patients described the overall experience of this GP practice as good (national average of 85%).
- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area (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 19 comment cards which were all positive about the standard of care received. However, 10 of the comment cards also said it was difficult to get an appointment other than a same day appointment.

The Friends and Family Test showed 88% of patients recommend this practice based on 52 responses.

# Mawney Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP Specialist Advisor.

## Background to Mawney Medical Centre

Mawney Medical Centre is in Romford in outer north east London. It is one of the 49 member GP practices in NHS Havering Clinical Commissioning Group (CCG).

The practice is located in the fifth more deprived decile of areas in England. At 77 years, male life expectancy is less than the England average of 79 years. At 83 years, female life expectancy is the same as the England average.

The practice has approximately 10,700 registered patients. It has more patients in the 0 to 9 years age range than the England average, and more female patients in the 25 to 39 years age range than the England average. Services are provided by Mawney Medical Centre under a General Medical Services (GMS) contract with NHS England.

The practice is in purpose built premises. Patient areas are on the ground floor and are wheelchair accessible. There is a disabled toilet. There are 10 consulting rooms and two nurse rooms, one of which is the minor surgery room.

Mawney Medical Centre is a teaching practice for medical students and health professionals, and a training practice for qualified doctors wishing to specialise in General Practice.

Six GPs work at the practice who make up the equivalent of five whole time staff (WTE). There is one full time advanced

nurse practitioner, two part time nurses (1.5 WTE), and two part time healthcare assistants (one WTE). The clinical staff are supported by a team of receptionist, administrative, clerical and secretarial staff headed up by a practice manager and a reception manager.

The practice's opening times are:

- 8.30am to 6.30pm every week day except Thursday.
- 8.30am to 4.00pm on Thursday.

Patients are directed to an out of hours GP service outside these times.

The doctors' clinic times are:

- 9.00am to 12.00pm and 2.00pm to 6.30pm every week day except Thursday.
- 9.00am to 12.00pm on Thursday.

The practice offers an extended hours service at the following times:

- 7.00am to 8.30am on Tuesday.
- 7.00am to 8.30am and 6.30pm to 7.00pm on Wednesday.
- 7.30am to 8.30am on Thursday.

Mawney Medical Centre is registered with the Care Quality Commission to carry on the following regulated activities at Mawney Medical Centre, 7 St Edwards Way, Romford, Essex RM1 3DQ: 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.

We had not inspected this practice before.

## 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 8 November 2016. During our visit we:

- Spoke with a range of staff including GPs and nursing, management and non-clinical staff.
- Observed how patients were being cared for.
- 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 reporting system 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).
- 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 significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had reviewed and strengthened its arrangements for following up patients who had not collected their prescription after a patient who had not collected their prescription was found in poor health during a home visit.

### 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 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. GPs and nurses were trained to child protection or child safeguarding level 3.

- 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. We observed the premises to be clean and tidy. The Advanced Nurse Practitioner was the infection control clinical lead who received annual training and online updates to keep 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. 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; however blank prescription forms were not removed from printers overnight. The serial numbers of handwritten prescription forms were recorded and used to monitor their use. A similar system was not in place to monitor the use of computer prescription forms. The Advanced Nurse Practitioner was qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer

## Are services safe?

medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three 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.

### 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 enough staff were on duty.

### 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.
- 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. 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 87% of the total number of points available. Exception reporting for the clinical domain was similar to local and national averages (practice 13%, CCG average 9%, England average 9.2). However, within that was comparatively high exception reporting for asthma (practice 25%, CCG average 6%, England average 7%); chronic kidney disease (practice 14%, CCG average 7%, England average 7%), depression (practice 67%, CCG average 20%, England average 24%), and rheumatoid arthritis (practice 16%, CCG average 5%, England average 7%). (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). We saw that the provider followed the standard criteria for exception reporting.

This practice was an outlier for one QOF clinical target in 2014-15. Data showed:

- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 86%, which was lower than the local average of 94% and the England average, also 94%. The practice's performance for this indicator in 2015-16 had improved to 92%.

Performance for diabetes related indicators was comparable to national averages:

- The percentage of people with diabetes in whom the last IFCC-HbA1C (a measure of blood sugar levels) is 64 mmol/mol or less in the preceding 12 months was 68% (national average 78%)
- The percentage in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less was 73% (national average 78%)
- The percentage whose last measured total cholesterol within the preceding 12 months is 5 mmol/l or less was 73% (national average 81%).

Performance for mental health related indicators was comparable to the national average:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 81% (national average 88%).

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits carried out in the last two years. One of these was a two-cycle audit where the improvements made were implemented and monitored. It showed the practice had increased the number of eligible patients taking a medicine that prevented stroke.
- Findings were used by the practice to improve services. For example, recent action taken as a result of one of the other audits was to strengthen monitoring of patients taking methotrexate, which is a high risk medicine where dosage must be regularly reviewed and adjusted as necessary.
- The practice participated in local audits and benchmarking.

Information about patients' outcomes was used to make improvements. For example the practice had set up a designated clinic and put in place a structured programme to improve the diagnosis of type 2 diabetes amongst its patients and to provide greater support to patients diagnosed as pre-diabetic.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

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 fire safety, health and safety, confidentiality and practice's operational procedures and protocols.
- 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. It also promoted career and professional development, for example supporting a practice nurse to become an advanced nurse practitioner and a member of non clinical staff to become a healthcare assistant.
- 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 demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at team meetings and locality forums.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation, and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- 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. Meetings took place with other health and care professionals on a regular basis, for example a conference call every two months with the integrated care management team, where care plans were reviewed and updated for patients with complex needs.

### 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.
- Consent forms were used for minor surgery and scanned into the patient's record.

### 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 provided dietary, exercise and smoking cessation advice and support to patients.

The practice's uptake for the cervical screening programme was 75% which was comparable to the local and national average, both 82%. The practice demonstrated how they were encouraging uptake of the screening programme still further by using information in different languages and for those with a learning disability, ensuring a female sample taker was available, and providing the test

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

opportunistically. 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 were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 91% and five year olds from 68% to 83%.

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.

# 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 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered very good care and staff were helpful and treated them with dignity and respect.

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

- 85% 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%.
- 84% of patients said the GP gave them enough time (CCG 82%, national 87%).
- 94% of patients said they had confidence and trust in the last GP they saw (CCG 93%, national 95%).
- 86% of patients said the last GP they spoke to was good at treating them with care and concern (CCG 78%, national 85%).
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern, (CCG 90%, national 91%).
- 87% of patients said they found the receptionists at the practice helpful (CCG 86%, national 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. We 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:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care (CCG 73%, national 82%).
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG 84%, national 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.
- Longer appointments were offered when needed.

### 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. The practice had identified 104 patients as carers (one percent of the practice list) and ensured, for example, that carers were offered the annual flu jab. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them to provide support, information and advice.

# 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 provided minor surgery services for patients of other practices.
- The practice offered extended hours on Tuesday, Wednesday and Thursday mornings and on Wednesday evenings for working 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.
- There were disabled facilities and translation services available.
- Arrangements were in place to minimise stress for patients anxious about being at the doctors, for example a separate waiting area was made available.

### Access to the service

The practice's opening times were:

- 8.30am to 6.30pm every week day except Thursday.
- 8.30am to 4.00pm on Thursday.

Patients were directed to an out of hours GP service outside these times.

The doctors' clinic times were:

- 9.00am to 12.00pm and 2.00pm to 6.30pm every week day except Thursday.
- 9.00am to 12.00pm on Thursday.

The practice offered extended hours appointments at the following times:

- 7.00am to 8.30am on Tuesday.

- 7.00am to 8.30am and 6.30pm to 7.00pm on Wednesday.
- 7.30am to 8.30am on Thursday.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 79%.
- 48% of patients said they could get through easily to the practice by phone (CCG 70%, national 73%).

The practice had improved its telephone system and increased the number of staff available to answer the phones at the busiest times.

Ten of the 19 patient comment cards we received said it was possible to get a same day appointment, but difficult to make an appointment in advance. We saw routine appointments were available within the next 48 hours, for both a female GP and a male GP, and that patients could also be seen by the Advanced Nurse Practitioner. There was a two week wait for the most sought-after GP.

### 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 including a complaints leaflet and a complaint form.

We looked at ten complaints received in the last 12 months and found they were satisfactorily handled in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, action had been taken to address the main trends identified: the telephone system had been modified to

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

reduce the amount of time patients waited for their call to be answered, and the number of routine appointments per GP and for the Advanced Nurse Practitioner had been increased to improve appointment availability.

# 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's aims were to provide patients with the best healthcare in a safe and comfortable environment and to respond to change and innovation. Its value was to listen to patients' needs and concerns.
- Its objectives for the next 12 months included improving QOF performance in the areas of smoking, cervical smears, asthma and diabetes; maintaining the full complement of staff; continuing to monitor and improve telephone access to the practice; continuing to monitor and improve appointment availability and to consider introducing telephone triage; consider expanding the practice in response to the growing local population; and to continue the practice's teaching and training commitments.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the aims 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 clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The provider was open to suggestions for improvement.

### 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 high quality, safe and responsive care. 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 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.
- 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 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. The PPG met regularly and submitted proposals for improvements to

# Are services well-led?

Good 

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

the practice management team. For example, the PPG had identified queues at reception as a concern and the practice had arranged an additional member of staff to cover the front desk during the busiest periods.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and

engaged to improve how the practice was run. Reception staff were involved in improving the telephone system so that patients' calls were answered more quickly, for example.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice team had been awarded a prize for its medicines waste management project for being one of the three best practices in Havering.