

# Dr Mahreen Chawdhery

## Quality Report

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

### Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to Dr Mahreen Chawdhery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Mahreen Chawdhery on 26 May 2016. Overall the practice is rated as good.

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

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

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

The areas where the provider **should** make improvement are:

- Ensure that systems are in place for ongoing risk assessment of the medicines required to respond effectively in an emergency.
- Should ensure that all staff are aware of practice safeguarding leads and the correct procedures for chaperoning.
- Ensure that the practice's business continuity plan contains emergency contact information for all staff working at the practice.

# Summary of findings

- Undertake a programme of quality improvement to improve patient outcomes.
- Review the training and support arrangements for the practice nurse to ensure that they receive adequate peer support from nurses within the locality.
- Review ways to improve patient confidentiality for consultations that are carried out in the nurses room.
- Ensure complaints responses follow practice policy and comply with requirements of The Local Authority Social Services and NHS Complaints (England) Regulations 2009.

**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; although some staff we spoke with were not aware of the safeguarding lead within the practice and did not know the correct procedure for chaperoning.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We saw example of clinical audits, although none of those initiated by the practice 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 in line with national averages 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. However some conversations in the nurse's room could be heard from the reception area.

## 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However responses did not always provide patients with details of external organisations who they could escalate concerns to if they were dissatisfied with the practice's response. 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. Although this included arrangements to identify risk, there was little evidence of effective systems to improve quality.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.

# 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.
- Four per cent of the practice's population were over 75. All patients in this demographic were reviewed annually and were assessed holistically where appropriate. The practice participated in the Holistic Health Assessment Scheme; which aimed to assess and provided packages of care designed to meet the health and social needs of those over 65 who are housebound or have not attended the GP in 15 months or those over 80. Although this initiative was traditionally nurse led within the locality we were informed that the GP principal had attended training on this. We saw evidence of Holistic Health Assessments undertaken by the principal GP and a letter of thanks provided by the relative of one patient for the difference that the GPs intervention had made.

Good



### People with long term conditions

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

- Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice scored higher than the national average on diabetic indicators.
- Longer appointments and home visits were available when needed.
- People with long term conditions were offered flu vaccinations.
- 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.
- The practice provided evidence that they were set a target by the federation to complete 145 care plans for patients with long term conditions during 2016/17 but as at 8 April 2016 had completed 417 care plans.

Good



# Summary of findings

## 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 Accident and Emergency (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 percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was comparable to national averages.
- 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 (which the practice hosted) and health visitors.
- The practice offered a “one stop child health clinic” for health visitor checks and immunisations.
- The GP principal provided a family planning clinic which could also be utilised by patients at a neighbouring practice.

Good



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

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

- 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 had signs in all clinical rooms which provided guidance to clinicians on how to assist those with

Good





# Summary of findings

communication issues to ensure that those with disabilities or who did not speak English as a first language were supported and fully informed about decisions regarding their care and treatment.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns. However some staff were not aware of the practice's safeguarding lead.

## **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).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the national average.
- Other mental health indicators were in line with the national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice hosted a psychotherapist provided by a NHS mental health organisation.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and eight survey forms were distributed and 95 were returned. This represented 2.1% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of clinical care received. Many cards referred to the caring and compassionate way they were treated by all staff within the practice and the emotional support the practice provided.

We spoke with 14 patients during the inspection. All 14 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We received a few comments related to the length of time it would take to get a non-urgent appointment which patients said could be between two and three weeks. However we saw evidence on the inspection day that the next non-urgent appointment was available within one week.

The NHS Friends and Family test showed that in March 2016, 88% of the 57 patients who responded said that they would be likely or extremely likely to recommend the practice.

# Dr Mahreen Chawdhery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and an Expert by Experience.

## Background to Dr Mahreen Chawdhery

Dr Mahreen Chawdhery is part of Southwark Clinical Commissioning Group (CCG) and serves approximately 4,500 patients. The practice is registered with the CQC for the following regulated activities: Surgical procedures, Treatment of disease, disorder or injury, Maternity and midwifery services, Diagnostic and screening procedures and Family planning services.

The practice population has a larger proportion of working age people compared with the national average and a slightly lower proportion of those aged 45 and over. There is a slightly higher number of infants. The practice is ranked within the fifth least deprived decile on the index of multiple deprivation. The practice has a higher proportion of people in employment and lower number of unemployed and there are fewer people with a long standing health condition compared with the national average.

The practice is run by a single female GP principal and three salaried GPs; one female and two male. The practice has one nurse.

The practice told us that they had experienced difficulties in 2012 just prior to the ownership of the practice changing hands. At this time the practice had severe financial

difficulties and the practice patient list size had reduced after a review of patients within its catchment area. Since the change of ownership the practice's financial position has improved and the number of patients has increased by 45%.

The practice is open between 8am and 7pm Monday and Tuesday and from 8am to 6.30pm Wednesday to Friday. The practice offers 18 GP sessions per week with booked and emergency appointments five days per week. Practice patients are directed to contact the local out of hours provider when the surgery is closed.

Dr Mahreen Chawdhery operates from 306 Medical Centre, London, Southwark

SE22 8LY which is converted residential property based over two floors. The service is accessible to those with mobility problems and patients who are unable to climb stairs are seen on the ground floor of the practice.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: Childhood Vaccination and Immunisation Scheme, Extended Hours Access, Facilitating Timely Diagnosis and Support for People with Dementia, Influenza and Pneumococcal Immunisations, Rotavirus and Shingles Immunisation and Unplanned Admissions.

The practice is a member of local GP federation named Improving Health Limited.

# 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.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 26 May 2015. During our visit we:

- Spoke with a range of staff including GPs, nurses, practice management and the reception and administrative team. We also spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had two significant events within the last twelve months involving patients who had required emergency treatment while in the surgery. As a result the practice had ensured that all staff knew where the emergency equipment was kept and had signs in all rooms of the practice detailing the location of this equipment.

### 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. However two of the staff we spoke with were not aware of who this was. The

GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child safeguarding level 3. We saw communication from the Clinical Commissioning Group (CCG) commending the practice on the quality of their record keeping in respect of a complex safeguarding concern that they had escalated.

- A notice in the waiting room and in clinical areas 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.) We spoke with one member of staff who was not fully aware of their responsibilities when acting as a chaperone although they informed us that they were not required to chaperone often. All other staff we spoke with who acted as chaperones were clear about their role.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control lead and was supported by the practice nurse who provided clinical input and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

## Are services safe?

there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (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.)

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment for those employed. 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 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 in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. On the day of the inspection we found that the practice did not have any atropine (which may be required in an emergency during minor surgical procedures and coil fittings). We saw evidence that the provider purchased this medicine as soon as we brought it to their attention. The practice placed notices around the practice which detailed the location of all of the practice's emergency equipment.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan only included emergency contact numbers for the practice manager and GP principal, Practice Manager and Deputy Practice Manager. The practice manager did have a note of other staff contacts on a notice board within their office.

# 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 local audits and checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recent published results were 98.7 % of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. The percentage of patients with diabetes who have had influenza immunisation was 97% compared with 94% nationally and the percentage who had received a foot examination was 95% compared to 88% nationally.
- Performance for mental health related indicators was similar 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 their record was 89% compared with 88% nationally. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review was 100% compared with 84% nationally. The exception reporting rate was 8% which is the same as the national average.

The practice had a lower prevalence of patients with Chronic Obstructive Pulmonary Disease

(COPD) compared with the national average and a significantly lower prevalence of patients with Coronary Heart Disease (CHD) compared with the national average. The practice had a significantly lower proportion of patients over 65 than the national average and is based in an affluent suburb of London which may have accounted for the lower prevalence of these conditions. However the practice had tried to improve identification of patients with COPD. They had engaged with the community respiratory physician and nurse to ensure that spirometry was being performed correctly and both the GP principal and the practice nurse had attended a COPD workshop. The practice also participated in virtual clinics for COPD and CHD patients with a view to improving outcomes. We were told that the practice had compared rates of CHD with other practices in the locality with similar demographics and found that prevalence amongst their population was in line with these figures. They told us that they had a robust process in place for screening potential CHD patients including new patient checks and NHS over 40 health checks which would assist identification.

There was minimal evidence of quality improvement including clinical audit.

- There had been one practice initiated clinical audit completed in the last two years, this was not a completed audit where any improvements were made, implemented or monitored. The audit related to review of cancer referrals. All two week wait referrals reviewed were considered appropriate.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The principal GP was a member of the Local Medical Committee and was a GP appraiser.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

# Are services effective?

## (for example, treatment is effective)

example, for those reviewing patients with long-term conditions, those who provided family planning services, consulting with patients with dementia and providing travel immunisations.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The practice's sole nurse who administered vaccines last received an update in 2013 and we were told that they did not attend the local practice nurse forum or receive any external nursing supervision. However, the practice system for receiving updates and alerts was robust and the nurse was able to demonstrate that they were able to keep up to date with best practice through reviewing this guidance.
- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff who had been with the practice for over a year 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 the palliative care team on a quarterly basis and those who had unplanned admissions to secondary care were reviewed with the community matron monthly. Care plans were routinely 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.
- The practice ensured that consent forms were signed by patients in respect of all contraceptive implant procedures. The form was very comprehensive and contained prompts for the clinician to discuss with the patient prior to signing, including contraceptive choice, duration of use, explanation of the procedure and the possible risks involved.

### 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 with long term conditions, those with mental health issues or those with a learning disability.
- The practice provided smoking cessation and dietary advice and would refer patients to external agencies for additional support where appropriate.

The practice's uptake for the cervical screening programme was 86 %, which was comparable to the Clinical Commissioning Group (CCG) average of 80% and the national average of 81%. 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 translators and ensuring a female sample taker was available. The practice also encouraged its patients to



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

attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 94% and five year olds from 77% to 97%.

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. However we were able to hear conversations taking place in the nurses room adjacent to the reception area. We were told by the Patient Participation Group (PPG) that they had raised this with the practice manager and that they were considering sound proofing the room to ensure that confidentiality was maintained.
- 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 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

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

- 87% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 84% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

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

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

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 81% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

## Are services caring?

- 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.
- The practice had signs in all clinical rooms which provided guidance to clinicians on how to assist those with communication issues to ensure that those with disabilities or who did not speak English as a first language were supported and fully informed about decisions regarding their care and treatment.
- Information leaflets were available in easy read format.

### **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 for carers was also available on the practice website.

Several of the comment cards that were completed made specific mention to the caring nature of all staff within the practice and the emotional support that practice staff had provided.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 91 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. In addition the practice offered carers a flu vaccination. The practice website contained information which directed carers to various avenues of support including advice on how to obtain financial support.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For instance the practice participated in Holistic Health Assessment (HHA) initiative; completing assessments of housebound patients over 65 and all patients over 80 and engaging with other organisations to address the patients' health and social needs. Staff at the practice had fed back and contributed to the development of the HHA care plan template.

- The practice offered extended hours access on a Monday and Tuesday evening until 7 pm 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.
- Patients could book and cancel appointments on line as well as ordering repeat prescriptions. The practice had also used a service which enabled patients to book through a mobile telephone application.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice held a one stop child health clinic with a GP, health visitor and nurses working in tandem to provide services including weighing, immunisations and developmental checks.
- The practice hosted an osteopath which was funded by the CCG.
- The GP principal provided a family planning clinic. This was initially held on a monthly basis. However demand for the service increased and, through patient feedback, the practice became aware that this was caused by the reluctance of the local population to attend family

planning and sexual health services. Consequently the practice increased the availability of the service to a weekly clinic, which is also open to patients from a neighboring practice.

- We saw evidence that patients with multiple co-morbidities were booked in for extended appointments with both the nurse and GP. As well as undertaking a thorough review of these patients' medications and full health assessment, the practice also completed a review for those over 65 using the criteria under the holistic health assessment initiative; although these patients were not formally included within this scheme. The practice's elderly care nurse also undertook holistic assessments for patients who were on the practice's avoiding unplanned admission list. The practice recognised the benefits of the HHA and extended this initiative to additional patients, for which they covered the cost.

### Access to the service

The practice was open between 8 am and 7 pm Monday and Tuesday and from 8 am to 6.30 pm Wednesday to Friday. GP appointments were from 9 am to 11.20 am Monday to Friday and resumed at 4.30 pm every day; except Thursday where there was no afternoon surgery. Afternoon surgery finished at 6.50 pm Monday and Tuesday and 6.20 pm Wednesday and Friday. Extended hours appointments were offered between 6.30 pm and 6.50 pm on Monday and Tuesday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice also offered a number of appointments one, three, five and seven days in advance.

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

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 82% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Some people told us on the day of the inspection that they were able to get appointments when they needed them. Some patients told us that same day appointments were

# Are services responsive to people's needs?

(for example, to feedback?)

easy to access but that it could sometimes be difficult to get an appointment in advance. The practice told us that they were continually working to improve access to appointments and had recently recruited a sessional GP as a salaried member of staff and they were now working additional sessions to address increased demand.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had developed guidance for reception to assist in the identification of patients who needed to attend accident and emergency or where staff were required to call the emergency services. We saw evidence that this had been cascaded to other practices within the federation.

## 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. However, not all of the complaint responses we reviewed contained details of next steps for patients if they were dissatisfied with the practice's response.
- 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.

We looked at three complaints received in the last 12 months and found that these were dealt with in a timely way, provided a comprehensive overview of the investigation undertaken by the practice and that apologies were offered where appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care for patients. For example, as a result of a complaint the practice had reviewed its chaperoning procedure and the practice manager had undertaken comprehensive training which they had disseminated to staff who acted as chaperones; although one of the members of staff we spoke with on inspection was not fully aware of the correct procedure.

# 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 discussed by the practice's Patient Participation Group (PPG) at a meeting in December. The PPG told us that they had fed into the wording of the mission statement. Staff knew and understood the values. The practice also had a charter which detailed both the rights and responsibilities of patients.
- The practice had a robust strategy which reflected the vision and values and were regularly monitored. The practice had a comprehensive business plan which supported the strategy. This included detailed analysis of the local demography and analysis of the increasing demands on the practice. The business plan was completed in December 2015 and included analysis of the growth in the number of patients registered at the practice. One of the strategy's aims was to recruit a salaried GP and provide an additional four GP sessions to meet the increase in demand. The practice provided evidence that a long term sessional GP had now been recruited and was providing these additional sessions.

### 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. However some staff were not aware of the safeguarding lead within the practice.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- We saw no evidence of clinical and internal audit being used to monitor quality and to make improvements.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the GP principal demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the principal GP was 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 for any staff on communicating with patients about notifiable safety incidents. There was 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.
- The principal GP was a member of the Local Medical Committee and was a GP appraiser.
- 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 GP principal and the practice manager. All staff were given the opportunity to have input into discussions about how to run and develop the practice.

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

# Are services well-led?

Good 

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

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, carried out patient surveys, submitted proposals for improvements to the practice management team and discussed complaints. For example, in response to feedback from the patient survey the practice had increased the availability of extended hours appointments from one evening per week to two.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example the practice nurse said that she had identified that some patients who she regularly

consulted with required additional time. As a result the nurse was given the discretion to book double appointments for patients where she felt this was appropriate.

## Continuous improvement

There was a strong 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. For instance the GP principal was undertaking Holistic Health Assessments for patients outside of the criteria prescribed and paid for by the CCG; particularly those over 65 with multiple comorbidities.

The practice manager had developed comprehensive guidance to enable reception staff to identify patients who needed to attend accident and emergency or alert staff to when they needed to call the emergency services. We saw evidence that this had been cascaded to other practices within the federation.