

Bromley by Bow Health Centre

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	
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Are services safe?	Good	
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Are services effective?	Good	
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Are services caring?	Good	
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Are services responsive to people's needs?	Good	
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Are services well-led?	Good	
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Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Bromley by Bow Health Centre on 24 May 2016. Overall the practice is rated as good.

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

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

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

We saw one area of outstanding practice:

- The practice runs an asthma club every summer, the club meets for four, two hour sessions. The aim of the club is to engage children and families around managing asthma. The project uses art based activities to teach children about asthma control, triggers, peak flow and airways. The asthma club provides an opportunity to meet other children and families, speak to the Asthma Nurse, and create

Summary of findings

some interesting art work that is used to decorate the waiting rooms. Families are able to ask questions, learn something new and improve their child's health through better asthma management. We saw evidence that 15 families attended and completed the asthma club, and viewed testimonials from those parents that attending the club helped the families to monitor the condition for a total of 20 children.

The areas where the provider should make improvement are:

- The provider should take action to ensure there is an active Patient Participation Group within the practice.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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. 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. 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

There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offers one protected session per week for each GP to provide home visits to housebound patients. An audit of these visits showed that of 80 housebound patients 100% of these patients had been seen for routine home visits at least twice during a 17 month period. The audit also showed that 100% of these patients had their blood pressure and pulse rate checked, been offered a flu vaccination and had a full medicines review. We also saw evidence of close multi-disciplinary team meetings with district nurses to provide coordinated care for this vulnerable patient group.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90% compared to a CCG average of 90% and a national average of 89%.
- 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.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 80% compared to a CCG average of 79% and a national average of 82%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physician questions was 77% compared to a CCG average of 76% and a national average of 75%. The practice run an asthma club every summer and invite families of children with the condition to help educate the children and parents about managing the condition. We saw evidence that these clinics have helped a total of 15 families better manage the condition for 20 children.

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.
- The practice offer extended hour appointments one evening per week.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



Summary of findings

- The practice offered patients with a learning disability longer appointments and annual health checks.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 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 87% compared to a CCG average of 83% and a national average of 88%.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. A total of 416 survey forms were distributed and 86 were returned, a 21% response rate.

- 51% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 46% 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%.
- 72% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 62% 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 a result of the patient feedback the practice took the following action. The practice increased the number of patient assistants from three to four to help answer the phones during the busiest times of the day. The practice is encouraging patients to use the online booking system and are offering Web GP appointments. The Web GP appointments is an e-mail consultation system where patients can send routine queries via e-mail and get a

response by the on call GP within 24 hours. The practice has also increased the number of routine telephone consultations for each clinician which enables patients to speak with the GP of their choice.

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. Five of the comment cards received mentioned difficulty in booking appointments. We looked at the appointments system on the day of inspection and found there were both GP and nurse appointments available to book within the next two weeks. Same day emergency appointments were fully booked on the day of our inspection, receptionists told us that when same day emergency appointments are unavailable a GP would phone the patient to assess the urgency and decide whether an appointment will be made available at the practice or whether the patient should be referred to the local walk-in centre.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Both patients confirmed they have been able to book same day emergency appointments within the last six months.

Areas for improvement

Action the service **SHOULD** take to improve

- The provider should take action to ensure there is an active Patient Participation Group within the practice.

Outstanding practice

We saw one area of outstanding practice:

- The practice runs an asthma club every summer, the club meets for four, two hour sessions. The aim of the club is to engage children and families around managing asthma. The project uses art based

activities to teach children about asthma control, triggers, peak flow and airways. The asthma club provides an opportunity to meet other children and families, speak to the Asthma Nurse, and create some interesting art work that is used to decorate

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completed the asthma club, and viewed testimonials from those parents that attending the club helped the families to monitor the condition for a total of 20 children.

Bromley by Bow Health 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 adviser, a practice nurse specialist adviser, and a practice manager specialist adviser.

Background to Bromley by Bow Health Centre

The Bromley by Bow Health Centre is a teaching practice located in Tower Hamlets, North East London within the NHS Tower Hamlets Clinical Commissioning Group. The practice holds a Personal Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). The practice provides a full range of enhanced services including alcohol support, childhood vaccination and immunisation, extended hours, dementia support, improving patient online access, influenza and pneumococcal immunisations, learning disabilities, minor surgery, patient participation, risk profiling and case management, rotavirus and shingles immunisation and unplanned admissions.

The practice is registered with the Care Quality Commission to carry on the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery services, surgical procedures and family planning.

The practice had a patient list size of approximately 6,900 at the time of our inspection.

The staff team at the practice included three GP partners (one female and two male), five salaried GPs (female), one advanced nurse practitioner (female), two practice nurses (females), one phlebotomist (female), three health care assistants (females), one practice manager and 12 administrative staff. Weekly there are a total of 52.5 GP sessions and 40 nurse sessions available to patients.

The practices opening hours are:

- Monday to Friday 8.00am to 6.30pm

Appointments are available at the following times:

- Monday to Friday: 8.30am to 12.30am and 2.00pm to 6.00pm
- Extended hours are offered Thursday evening until 7.30pm

Outside of these times cover is provided by an out of hours provider. The practice is involved in the Prime Ministers Challenge Fund which has involved setting up four hubs within the local area. Bookable appointments are available at the hubs Monday to Friday from 6.30pm to 7.30pm and Saturday and Sunday from 8.00am to 8.00pm. Outside of these hours patients contact the out of hours provider.

To assist patients in accessing the service there is an online booking system, and a text message reminder service for scheduled appointments, Web GP consultations and an increased number of GP telephone consultations are available.

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 and asked other organisations to share what they knew. We carried out an announced visit on 24 May, 2016. During our visit we:

- Spoke with a range of clinical and non-clinical staff and 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 vaccine fridge had been turned off at the wall socket. A member of staff took immediate action, notified the practice manager, quarantined the fridge, and contacted the fridge manufacturer. Patients booked for vaccinations that day were contacted and rescheduled. The incident was discussed and the fridge monitoring rota was updated to include back up staff, the fridge socket was marked with a sign indicating it should not be switched off. The fridge was fitted with batteries that will enable continued monitoring of the temperature if the fridge temperature falls out of range and will sound an alarm and a power surge device was ordered as per the advice of the fridge technical advice service line.

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 include a lead and deputy lead for child and adult safeguarding. Safeguarding meetings are in place for children under five years old (every six weeks) and also children over five years old; clinical staff including health visitors attend these meetings. Reports are provided for case conferences and GPs attend case conferences externally when possible. 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. 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 safeguarding level 3, all other staff at the practice were trained to safeguarding level 1.
- Notices in the waiting room and all clinical consulting rooms 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 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. The advanced

Are services safe?

practice nurse had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber had assessed the patient on an individual basis). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription (PSDs) or direction from a prescriber. (A Patient Specific Direction (PSD) is the traditional written instruction, signed by a doctor for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed six 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. For example, the practice have introduced micro teams which consist of two GPs and two patient assistants from the reception team. The patient assistants take the lead role in supporting the two assigned GPs to ensure continuity of care for patients. The aim is to ensure the patient assistants and GPs have an in-depth knowledge of patients at the practice and can provide a better service to them. We spoke to patient assistants on the day of our inspection and they felt more involved in their role and felt they had a better understanding of the patients they assisted since the teams had been created.

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, audits and random sample checks of patient records. For example, we saw evidence of a completed vitamin D deficiency audit in line with NICE guidance.

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 97% of the total number of points available.

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

- Performance for diabetes related indicators was above the national average. For example, the percentage of patients with diabetes who have had influenza immunisation in the preceding 12 months was 97% compared to a CCG average of 95% and a national average of 94%.
- Performance for mental health related indicators was above the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 94% compared to a CCG and national average of 90%.
- Performance for hypertension related indicators was similar to the national average. For example, 86% of

patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less compared to a CCG average of 88% and a national average of 84%.

- Performance for dementia related indicators were similar to the national average. The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 80% compared with a CCG average of 87% and a national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review.
- Findings were used by the practice to improve services. For example, an audit to review the use of a medicine used to help prevent the reoccurrence of cancer was undertaken based on a MHRA alert reminder that this medicine interacts with other medicines for depression. In November 2015 the practice reviewed all patients who received a prescription for the cancer medicine and identified four patients. One of the four patients identified was also taking an antidepressant identified in the MHRA reminder. The patient was recalled to discuss changing to a different antidepressant and was changed to a new antidepressant that did not interact with the cancer medicine. All clinicians at the practice were informed of the audit and a re-audit took place four months later in March 2016. A further four patients were identified as having received a prescription for the cancer medicine, none of the patients were receiving any of the medicines identified as interacting with the cancer medicine.

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.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw evidence of a comprehensive training programme for staff, this included mandatory training as well as role specific training. A virtual library was also available to all staff, the library was created by the practice and contained relevant clinical guidance, evidence and links to medical sites.
- 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 on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff 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 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 care professionals on a monthly basis when 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 process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Patients have access to the digital inclusion programme which is run in partnership with Bromley by Bow Centre (The Bromley by Bow Centre is a charity operating in East London, the charity is focused on providing an easily accessible range of integrated services in one place).
- Patients have access to DIY Health which was developed in partnership with The Bromley by Bow Centre. The purpose of the project is to work with local parents, Health Visitors, children's centres and The Bromley by Bow Centre to co-create a 12 week programme where parents came together in groups to improve the skills, knowledge and confidence of parents in managing minor health concerns in children under the age of five.

Are services effective?

(for example, treatment is effective)

- Patients are referred into the social prescribing programme. This programme is run by the Bromley by Bow Centre and funded by NHS Tower Hamlets CCG. The programme aim is to offer a range of non-clinical and non-medicinal support.

The practice's uptake for the cervical screening programme was 72%, which was comparable to a CCG average of 69% and a national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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 46% to 96% and five year olds from 51% to 96%.

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 an excellent service and staff were helpful, caring 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 was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to a CCG average of 84% and a national average of 89%.
- 84% of patients said the GP gave them enough time compared to a CCG average of 80% and a national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to a CCG average of 92% and a national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to a CCG average of 79% and a national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 81% and a national average of 91%.

- 77% of patients said they found the receptionists at the practice helpful compared to a CCG average of 84% and a 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 a CCG average of 81% and a national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to a CCG average of 76% and a national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to a CCG average of 76% and a national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language, the health advocate employed by the practice is fluent in four languages and can also provide a translator service to patients when required. We saw notices in the reception areas informing patients this service was available. The practice also book British sign language translators for patients with hearing disabilities.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 77 patients as carers (1.1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on Thursday evening from 6.30pm to 7.30pm 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. The practice have protected one session per week for each GP to carry out routine visits for housebound patients. The visits are dependent on need for example, if the patient is well and stable, they may be visited twice a year and if they are frail and unwell, it may be more like 12 times a year. As a result the practice works closely with district nurses to better coordinate the care for these vulnerable patients.
- 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 and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.00am every morning and 2.00pm to 6.00pm daily. Extended hours appointments were offered Thursday evening until 7.30pm. 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.

- 78% of patients were satisfied with the practice's opening hours compared to a CCG average of 77% and a national average of 78%.
- 51% of patients said they could get through easily to the practice by phone compared to a CCG average of 67% and a national average of 73%.

In direct response to telephone access the practice increased the number of receptionists answering the telephones from three to four during the busiest times of the day. Web GP consultations are available and provide a 24 hour response to routine health needs.

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

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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 in the form of leaflets and signs in the reception area.
- The practice employs a full time health advocate to support patients during clinical consultations, and following clinical consultation if required.

We looked at 16 complaints received in the last 12 months and found 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, we reviewed a complaint involving a repeat prescription not being correctly completed which resulted

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

in a delay for the patient. We saw evidence that the complaint was formally responded to within the timescales set out in the practices complaint policy, the complaint was discussed at the patient assistant meeting and also at the practice meeting with the entire team. The repeat prescription procedure was reinforced with staff and the

practices complaint team. The complaint team is made up of five non-clinical members of staff including the practice manager and one GP. The role of the team is to review complaints, monitor outcomes and identify themes and trends.

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, staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. 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 a number of regular team meetings. These meetings included a strategic partner meeting held every two weeks, a practice meeting for all staff held monthly, a clinical meeting held weekly and a monthly patient assistant meeting for all administration staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted there was a strong support structure in place for staff. For example, patient assistants had a formal monthly meeting, were invited to the monthly practice meeting, had a dedicated open door two hour time slot every Friday to discuss any concerns or issues with the office manager, had formal quarterly one to one meetings, had yearly appraisals and six month follow ups for appraisals and could speak to any staff member at the practice for additional support as needed.
- 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. We noted that there were half day protected learning time held monthly.

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.

Are services well-led?

Good 

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

- The practice did not have an active patient participation group (PPG) at the time of our inspection. They do have a number of active groups such as the Bengali Grandma's Brunch Club which provides a safe space for older isolated women and is supported by the Health Advocate employed by the practice.
- 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. We saw

evidence of support for training and development of all staff throughout the practice on an ongoing basis such as staff who had been developed and promoted within the practice from non-clinical to clinical roles. We saw evidence of ongoing mentoring and support for staff. For example, a resource for newly qualified practice nurses to review real life patient scenarios and explain how they would treat the patient. The responses were reviewed by a GP and discussed with the nurse to improve learning and identify training needs.

The practice provides one protected session for each GP per week to carry out routine home visits for housebound patients. The purpose of these visits is to ensure this vulnerable group is given routine clinical time and not just seen when an urgent issue arises. The visits provide a baseline of the care requirements for each of the 80 patients and the information is shared with the district nursing team to improve care for these patients.