Dr Sarit Patel

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Sarit Patel's Practice on Wednesday 11 February 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 the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently and strongly positive.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with the GP and that 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 improvements are:

- The provider should keep clinical waste secure in an enclosed place away from public access.
- The provider should take action to improve uptake of child immunisations.
- The practice should ensure agreements are in place with neighbouring practices to take care of homeless patients.
- The practice should do more to clarify access to female GPs at neighbouring practice and ensure all patients are made aware of the availability of chaperoning and translating services.

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?

Good

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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

- 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. For example, 100% said they had confidence and trust in the last GP they saw (CCG average 92.2%, national average 95.2%)

Summary of findings

- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, patients told us that the reception staff would collect their medicines from the pharmacy and drop it to their homes.
- All patients were offered six monthly health checks.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

Good

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. The practice is aware of the need for a female GP and are working towards recruiting a female GP.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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.
- Care plans were in place for people who had complex needs or required additional support, to ensure that patients and families received appropriate care.
- The rate of emergency admissions was low compared to the national average.

People with long term conditions

Good

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

- The practice was performing in line with the CCG and national average for the care of patients with diabetes. For example, 94% of patients on the diabetes register had a recorded foot examination and risk classification within the preceding 12 months (national average 88%).
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a structured bi-annual review to check their health and medicines needs were being met, this included education and strategies to enable them to self-manage their condition and improve their health.
- For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates varied for standard childhood immunisations.

Summary of findings

- 84% of patients with asthma, on the practice register had had an asthma review in the preceding 12 months that included an assessment of the asthma control using the 3 RCP questions (national average 75%).
- 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.
- 88% of women aged 25-64 had notes on their records to show a cervical screening test had been performed in the preceding 5 years (national average 82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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.
- Take up of breast and bowel cancer screening was encouraged and there was comparable to CCG and national averages.

People whose circumstances may make them vulnerable

Good

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

- The practice did not register patients who were homeless or travellers but signposted these patients to neighbouring practices.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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)

Good

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

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (national average 84%).
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months (national average 88%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Patients were able to see a counsellor once a week.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016. The results showed the practice tended to perform better than the national average. Two hundred and eight survey forms were distributed and 89 were returned.

- 95.4% found it easy to get through to this surgery by phone (national average of 73.3%).
- 86.5% were satisfied with the surgery opening hours (national average 78.3%).
- 96.5% described the overall experience of their GP surgery as fairly good or very good (national average 85.0%).
- 95.6% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79.3%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards, which were all positive about the standard of care received. All patients commented on the excellent service the practice provided, in particular to the personalised care they received from both clinical staff and non-clinical. All patients said they had no difficulty contacting the practice to obtain appointments at a time that was convenient.

We spoke with four patients and two members of the PPG, during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Dr Sarit Patel

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.

Background to Dr Sarit Patel

Dr Sarit Patel's Practice, is located on St Katharine Docks and is commissioned by Tower Hamlets CCG. The practice had been recently refurbished in December 2014 and it is now in a purpose built building providing primary medical services to approximately 1,850 patients. The practice holds a General Medical Services (GMS) contract and is commissioned by the NHSE London. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, and treatment of disease, disorder or injury.

The practice is staffed by one male GP providing 10 GP sessions over five days a week. The GP is a CCG lead for the health of the 'Unborn Child'. The practice employs one female locum nurse once a week, one male Assistant Practitioner, three administrative staff, one assistant practice manager and one practice manager.

The practice is open between 7.30am and 6pm Monday to Friday. The surgery telephone lines are closed between 12pm and 4pm. Appointments are from 7.30am to 11.30am and 3.30pm to 6pm daily. The practice does not provide an extended hours service. Appointments can be booked over the phone, in person or online. The out of hours services are provided by an alternative provider and the details of the service is displayed on the practice leaflet and accessed by calling the practice number.

The male life expectancy in the practice is three years more than the CCG average and female life expectancy is one year more than the CCG average. The number of patients suffering income deprivation is lower than the CCG average.

The practice provides a number of services for its patients including, cervical smears, sexual health clinic, dressings, smoking cessation service, phlebotomy, anti-coagulation clinic and new patient health checks.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This provider was not inspected under the previous inspection regime.

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 Wednesday 11 February 2016. During our visit we:

- Spoke with a range of staff (clinical and non-clinical staff) and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of any significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident where a patient was incorrectly given a vaccination. The practice introduced the 'Second Check Protocol for administration of injectable medication'. This specified that all injections were to be checked by a second staff member, preferably a clinician. When a clinical staff was not available the second check could be carried out by a non-clinician who had had the second check training. The responsibility would always remain on the clinical staff administering the injection. We saw evidence of all staff having had this training in house and we saw evidence of meeting minutes where the significant event and the new protocol was discussed.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GP and locum were trained to Safeguarding children 'level 3'.
- There were no notices in the waiting room advising patients that chaperones were available if required. Patients we spoke to on the day said that they were routinely asked if they required a chaperone. All staff who acted as chaperones were trained for the role. We found that one member of staff did not have an up to date Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, since inspection we have seen evidence of a current DBS check carried out for the member of staff.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. All clinical waste was stored in a clinical waste bin outside the practice. The bin was locked at all times, however it was not kept in an enclosed place and could be accessed by the public. We brought this to the attention of the practice and they arranged for additional security measures to be implemented on the day of the inspection. There was an infection control protocol in place and staff had received up to date training. Bi-annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, one of the actions identified in the audit was to record when equipment was being cleaned. We saw the daily cleaning log for spirometer and ear syringing machines which had been implemented as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice worked closely with local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing Prescription pads were securely stored and there were systems in place to monitor their use. Patient Specific Directions had been adopted by the practice to allow the Assistant Practitioner to administer medicines in line with legislation. PSDs are written instructions from a

qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- Staff turnover at the practice was low with several members of staff working there for over 20 years. We reviewed the personnel file of one member of staff who had joined the practice in the last six months and found appropriate recruitment checks had been undertaken prior to employment in line with the practice recruitment policy.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the practice manager's 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 electrical maintenance certificates, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had 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 rooms.
- The practice did have oxygen with adult and children's masks available on the premises. The practice provided evidence on the day of the inspection that it had ordered an automatic defibrillator and subsequently confirmed this had been received. A first aid kit and accident book was 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 fit for use.
- 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 and this was reviewed monthly.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, we viewed the practice's action plan for reducing antibiotic prescribing which was developed following a benchmarking exercise where the practice compared themselves to other practices in the CCG.

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 96.7% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets or exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/15 showed:

- The practice's overall performance for diabetes indicators was comparable to national averages. For example, 98.6% of patients with diabetes, on the register, had had influenza immunisation in the preceding 1 August to 31 March (national average 94.5%). The exception reporting was 3.5% (national average 10.8%).
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average. For example, 92.6% of patients with hypertension that had had the last blood pressure reading measured in the preceding 12 months as 150/90 mmHg or less (national average 83.6%). The exception reporting was 1.8% (national average 2.5%).
- Performance for mental health related indicators was good. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (national average 88.5%). Exception reporting was 6.3% (national average 6.4%).

Clinical audits demonstrated quality improvement.

- There had been two clinical audits conducted in the last two years and both were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, a recent antibiotic prescribing audit was carried out where the GP compared their prescribing of antibiotics to NICE guidance. We saw evidence that the GP had reviewed their practice, met with CCG clinical leads for antibiotic prescribing and had put new systems in place to encourage appropriate antibiotic prescribing within the practice. The audit was repeated three times and the total number of antibiotics prescribed reduced significantly from 49 at the beginning of the audit to 8 at the end of the audit. This information and guidance was also shared in the GP Locum pack, discussed in network meetings and we saw evidence in patient notes referring to NICE guidelines in relation to antibiotic prescribing.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had

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

- The Assistant Practitioner worked under the direction of the GP and we saw evidence of multiple training that they had carried out to carry out their clinical activities, including phlebotomy. The practice employed a female locum nurse once a week. However, the practice did not have a female GP but recognised and identified the need for a female GP.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidation. All staff had had an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available at the practice. A total of 88% of patients aged over 16 had their smoking status recorded (in line with the national average). The practice had offered stop smoking advice to 92% of patients with a long term condition who were smokers.

The practice's uptake for the cervical screening programme was 88%, which was higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured patients could see the female locum nurse once a week. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given varied. For example, childhood immunisation rates for the Measles, Mumps, and Rubella (MMR) vaccinations given to under two year olds was 82%. The practice had identified a coding error on the system and once this was corrected, all childhood immunisations are now at 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. We saw evidence of the GP checking this on a daily basis and recording notes in the patient records for follow up appointments. The administrative staff would then make the necessary contacts with the patients.

Good

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 17 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. A number of patients who completed comment cards added reference to how well their families were cared for and we also received positive feedback on how the GP cared for patients who had long term conditions. These specific comments amplified the general view that staff responded compassionately when patients needed help and provided support when required.

We spoke with two members of the patient participation group. They also told us they felt they received excellent care by the practice and said their dignity and privacy was respected. They told us that they consistently received positive feedback from patients about the quality of care and said that the compassion of staff was the driving force behind this. We spoke to five patients, all patients we spoke to felt that they received personal care from staff. For example, patients told us that when they were not able to collect their medicines from the pharmacy, the reception staff had collected it and taken it to the patient's home. Staff told us they would do this for any patient's who requested this service.

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

- 96% said the GP was good at listening to them (CCG average 84%, national average of 88.6%).
- 98% said the GP gave them enough time (CCG average 80%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 96% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 95% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

We saw all patients were invited for a health check every 6 months and patients we spoke to said they found this very useful and especially in preventing and detecting new health conditions. Patients would have any blood, blood pressure reading and International Normalised Ratio(INR) test prior to this appointment at the surgery. These results would then be discussed on the review appointment.

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 above the local and national averages. For example:

- 97% said the last GP they saw was good at explaining tests and treatments (CCG average of 81% and national average of 86.0%).
- 93% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 89% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

All patients we spoke to said that the clinicians looked at them as a 'whole person' and not just as conditions. This

Good

Are services caring?

reduced the need of booking more appointments for individual concerns. Patients told us that the GP educated them to self-manage their condition and improve their health when they had long-term conditions.

Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices in the reception area informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations, including the Tower Hamlets Carer Centre.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written and verbal information was available to direct carers to the various avenues of support available to them. The GP carried out health checks on all new patients, which included checking if a patient was a carer or received carer support from someone else.

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.

Good

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 GP was the CCG Lead for Unborn child and attended CCG clinical lead meetings every Tuesdays.

- The practice did not register patients who were homeless or travellers but preferred to signpost these patients to other practices offering walk-in appointments.
- The practice did not have a female GP, but could refer patient's for appointments to see a female GP at a neighbouring practice.
- The practice conducted telephone and online consultations, which allowed working patients to speak to the GP without needing to take time off from work.
- Phlebotomy clinics were held every morning between 7.30am and 9am.
- There were longer appointments available for all patients.
- Patients were able to see a counsellor once a week.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. There was a health visitor clinic every 1st and 3rd Wednesday of the month and the GP ran antenatal clinics every Wednesday.
- 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 GP carried out all the health checks in the practice and all patients had a six-month health check.
- Nurse appointments were available every Wednesday with the female locum nurse between 9am and 5pm, including appointments for cervical smears.

Access to the service

The practice was open between 7.30am and 6.30pm Monday to Friday. The surgery telephone lines are closed between 12pm and 4pm but the surgery doors remain open all day. The out of hours services are provided by an alternative provider and the details of the service is displayed on the practice leaflet and accessed by calling the practice number. Appointments were from 7.30am to 11.30am and between 3.30pm to 6pm daily. In addition to pre-bookable appointments that could be booked up to 24 weeks in advance, urgent appointments were also available on the same day 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 tended to be better than the national average.

- 87% of patients were satisfied with the practice's opening hours (national average 78%).
- 95% patients said they could get through easily to the surgery by phone (national average 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them. Patients told us that the GP would regularly stay late into the evening to see patients for urgent appointments.

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. For example, posters were displayed and there was a patient leaflet available that summarised the complaint system in the waiting room.

There had been one written complaint received in the last 12 months which had been resolved in a timely way, as outlined in the practice's Complaints policy. The practice had been open and transparent in dealing with the complaint. We saw evidence of verbal complaints being recorded on patient notes. For example, we saw reception staff had made notes on a patient's record about a delay in seeing the GP. The GP was able to see this note before calling the patient into his room and therefore was able to apologise and explain to the patient the reason for the delay. Patients we spoke to on the day said they did not know about the complaints procedure but they knew that

Good

Are services responsive to people's needs?

(for example, to feedback?)

they could always speak to the practice manager and the GP about any concerns. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice also encouraged patients to use the practice iPad to complete the Friends and Family test and had a comments box. For example, we saw a log kept of all the feedback patients had left in the feedback box. Patients had suggested that the surgery have magazines in the waiting room and music. The practice had put out magazines in the waiting area and music was played at low volume.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. Part of their mission statement was the 'proactive case management of people with long term conditions with a view to reducing co-morbidities by early detection'. Patients we spoke to on the day of the inspection were able to give personal examples where the practice had done this for them.
- 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 which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The management team had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The practice was a finalist in The General Practice Awards 2015 for Practice Team of the Year.

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

When there were unexpected or unintended safety incidents:

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

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

- All staff attended monthly practice meetings, and we received positive feedback from staff about the value of these meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team away days were held annually and staff told us the day had a fixed agenda including guest speakers.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had set up several meetings with the CCG to ensure that practice patient views were heard at strategic level. The PPG has

Are services well-led?

Good

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

also worked closely with the practice in the refurbishment of the premises, from the architectural planning stages of the new purpose built building to the facilities in the practice.

- The practice had gathered feedback from staff through an annual staff survey, through staff away days and generally 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. Staff told us they felt involved and engaged to improve how the practice was run.

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 were currently working with their PPG group and patients to establish a programme to allow patients on blood clotting medicines to self-monitor the time it takes for their blood to clot in line with NICE recommendations. Patients we spoke to said they had been encouraging the practice to set this up as they felt it would give them more control over their condition.