

# Ruston Street Clinic

## Quality Report

Ruston Street  
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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 Ruston Street Clinic on 16 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting, recording and learning from 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.
- 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 were able to make an appointment with a named 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. There was no written policy and procedure in place to ensure notifiable safety incidents were always handled in accordance with the duty of candour, however.

The areas where the provider should make improvement are:

- Put in place a written policy and procedure to ensure notifiable safety incidents are always handled in accordance with the duty of candour.

**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 showed patient outcomes were at or above average for the locality and 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. For example, one of the partners was a member of the prescribing delivery board and represented Tower Hamlets GPs on the local pharmacy committee, another was the commissioning facilitator for the Bow Health Network, and the third was the GP sexual health champion for Tower Hamlets.
- 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.
- Patients identified as at risk of avoidable unplanned admission to hospital and those with integrated care needs had a dedicated telephone number for the practice to improve their access to the service.
- 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 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.
- 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 partners encouraged a culture of openness and honesty and were aware of the requirements of the duty of candour. However, a written policy and procedure were not in place to ensure notifiable safety incidents would always be handled in accordance with the duty of candour.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. It held patient participation events but found it difficult to recruit members who were able to make a sustained commitment to a patient participation group. The practice engaged with the wider community as part of patient and public participation events regularly held by the Bow Health Network.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Every person aged over 75 years had a named accountable GP.
- It was responsive to the needs of older people, and offered home visits and same day access and telephone consultations to those who needed them. The practice also carried out proactive home visits to older people that had not been seen by the GP or nurse practitioner in a while.
- The practice provided enhanced services to meet the needs of patients with dementia and those at higher risk of avoidable unplanned admission to hospital.
- It worked with other services to ensure patients with complex needs were cared for appropriately, for example a Care of the Elderly hospital consultant, social services and befriending services.

Good



### People with long term conditions

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

- The nurse practitioner had a lead role in areas of chronic disease management including asthma and chronic obstructive pulmonary disease (COPD).
- Patients at risk of hospital admission were identified and given priority access to see the GP.
- The practice's performance for diabetes indicators was comparable to national averages.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions 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, including a diabetes hospital consultant, to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

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 in families affected by domestic violence. Immunisation rates were similar to or above the CCG average for most standard childhood immunisations and the practice worked hard to continue to improve performance in this area.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we heard 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 82% which was the same as the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

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

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered priority access to disabled patients.
- The practice informed vulnerable patients about how to access specialist and support services, for example the specialist GP service for homeless people in Tower Hamlets.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



# Summary of findings

## 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).

- 92% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 84% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months, which is comparable to the national average of 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 told patients experiencing poor mental health about how to access various support groups and voluntary organisations. In house psychology appointments were offered 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. For example they helped book appointments with other services and transport where appropriate.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. Three hundred and ninety seven survey forms were distributed and 86 were returned giving a response rate of 22% and representing around three per cent of the practice's patient list.

- 92% found it easy to get through to this surgery by phone which was comparable to the national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried which was comparable to the national average of 76%.
- 86% described the overall experience of their GP surgery as fairly good or very good which was comparable to the national average of 85%.
- 82% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area which was comparable to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Clinical and non clinical staff were described as friendly, helpful and attentive, and patients felt listened to and that they received good treatment and advice. Three of the comments cards said the patient had had to wait too long for an appointment and four of the cards said the doctor was up to one hour late.

We spoke with six patients during the inspection, or members of their family or carers. All the people we spoke with were happy with the care they received and thought staff were friendly, approachable, and caring. They said the doctors were very good. They did not think they had to wait too long for an appointment or to be seen.

No Friends and Family Test data was available for this practice.

# Ruston Street Clinic

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Ruston Street Clinic

Ruston Street Clinic is located in Bow in east London. It is one of the 36 member GP practices in NHS Tower Hamlets CCG. It is also one of the five practices forming the Bow Health Network (BHN) Community Interest Company. The aim of the BHN is to work together with partner constituents and local stakeholders to engage and provide high quality, holistic and integrated care to the patients whilst maintaining individual practice autonomy.

The local community is ethnically diverse with just over half the population comprising of Black, Asian and minority ethnic groups. The largest of these is the Bangladeshi community (32%). The practice is located in the second most deprived decile of areas in England. At 75 years, male life expectancy is less than the England average of 79 years. At 81 years, female life expectancy is less than the England average of 83 years.

The practice has approximately 2,900 registered patients. Services are provided by the Ruston Street Clinic partnership under a General Medical Services (GMS) contract with NHS England. The partnership is made up of three GPs. The provider is in the process of adding the third partner to its CQC registration.

The practice is in purpose built health care premises owned by NHS Property Services. All patient areas are

accessible to wheelchair users and there is a disabled toilet. The practice has three consulting rooms and shares two further rooms with district nursing, audiology, podiatry, midwifery, psychology and health visiting healthcare professionals. This gives the practice's patients more ready access to these services.

The practice is close to public transport. There is no car parking.

The two male and one female GP partners work 15 sessions per week between them, making up 1.7 whole time equivalent (WTE) GPs. There is part time nurse practitioner (4 sessions, 0.4 WTE) and a part time healthcare assistant (three sessions, 0.3 WTE). There is a team of reception, administrative and secretarial staff led by a senior receptionist and practice manager.

The practice is an accredited GP training practice and one the GP partners is an approved trainer. There were no GP in training doctors attached to the practice at the time of our visit.

The practice's opening times are:

- 8.30am to 1.00pm and 2.00pm to 6.30pm every weekday except Thursday.
- 8.30am to 1.00pm on Thursday.

Outside these times patients are directed to an out of hours GP service.

GP consultation times are:

- 9.00am to 12.00pm and 4.30pm to 6.00pm every week day except Thursday.
- 9.00am to 12.00pm on Thursday
- Appointments are also available until 8.00pm each week day and between 8.00am and 8.00pm on Saturday and Sunday under GP hub arrangements in Tower Hamlets.

# Detailed findings

Ruston Street Clinic is registered with the Care Quality Commission to carry on the following regulated activities at Ruston Street, Bow, London E3 2LR: Diagnostic and screening procedures; Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

## Why we carried out this inspection

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

We have not inspected this service before.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 March 2016. During our visit we:

- Spoke with a range of staff including GPs, the nurse practitioner, the practice manager, the senior receptionist and other members of the reception and administrative team. We spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation the provider gave us about the operation, management and performance 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. Staff demonstrated an open and transparent approach to significant events.
- 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. There was however no written policy and procedure in place to ensure notifiable safety incidents were always handled in accordance with the duty of candour.
- The practice carried out a thorough analysis of the significant events.

We reviewed the significant event analysis of the one incident that had occurred in the 12 months prior to our inspection, and the minutes of the practice meeting where the incident was discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, protocols were improved to ensure blood samples were always correctly labelled. The lead GP for significant events reported that there no repeat of the incident since the new protocol was introduced in November 2015.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs worked with the safeguarding authority and other agencies to safeguard vulnerable children and adults. Staff demonstrated they

understood their responsibilities and had received training relevant to their role. GPs were trained to level 3 in safeguarding children. The nurse practitioner was trained to level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse practitioner was the infection control clinical lead who completed annual infection prevention and control training to keep up to date with best practice. There were infection control protocols in place and staff were in the process of completing an online training module to refresh their knowledge and understanding of infection control protocols. 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were stored securely and there were systems in place to monitor their use. The nurse practitioner was qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Groups Directions were in place to allow the nurse practitioner to administer other medicines in line with legislation. The health care assistant's role did not include administering any vaccinations.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to

## Are services safe?

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 the local health and safety representative. The practice had an up to date fire risk assessment in place and a fire drill had been carried out in the six months prior to our inspection. 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, 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 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 had received annual basic life support training in the 12 months prior to the inspection and there were emergency medicines available in the nurse practitioner's room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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.

# 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 training and education, audit, and outcomes monitoring.

### 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 showed the practice achieved 98% of the total number of points available (CCG average and England average 95%). Exception reporting was lower than CCG and England averages for all clinical domains. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable to the national average, for example, the percentage of these patients in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less (practice 91%, national average 78%), and the percentage of these patients with a record of a foot examination and risk classification within the preceding 12 months (practice 94%, national average 88%).

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90 mmHg or less was comparable to the national average (practice 90%, national average 84%).
- 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 comparable to the national average (practice 84%, national average 88%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face meeting in the preceding 12 months was comparable to the national average (practice 92%, national average 84%).

Clinical audits demonstrated quality improvement.

- We reviewed two clinical audits carried out in the 12 months prior to our inspection. The first looked at antibiotics prescribing and the second at psychology referral. Each was a completed two-cycle audit showing that changes had been identified and implemented after the first cycle, then monitored through a second cycle, which showed the changes had been effective in improving the service for patients.
- An example of audit findings being used by the practice to improve services included improved prescribing practice around broad spectrum antibiotics to minimise their use where possible. Broad spectrum antibiotics increase the risk of antibiotic resistance which poses a significant threat to public health.
- The practice participated in local audits and benchmarking.

Information about patients' outcomes was used to make improvements. The practice built on and extended the information it collected for QOF as part of the operation of the Bow Health Network. The network supported the practices in it to deliver some 20 clinical services, or Network Improvement Services (NIS), setting targets and performance indicators that centred on meeting local people's needs and promoting effective chronic disease management. The network provided a monthly dashboard which showed the practice's performance against network targets, along with the performance of the other practices in the network, and of the network as a whole. Practices

# Are services effective?

## (for example, treatment is effective)

were incentivised to support one another in meeting the network targets. In this way, practices were enabled to deliver good patient outcomes in areas of considerable challenge, such as diabetes and childhood immunisations.

### Effective staffing

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

- Staff appointed in the 12 months prior to our inspection we spoke with were familiar with the practice's procedures, for example for incident reporting, safeguarding, maintaining patient confidentiality, booking appointments and dealing with emergencies. Support arrangements had been put in place to help them settle into their role.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking 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 advice from senior colleagues at the CCG.
- The learning needs of staff were identified through a system of annual 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. They were also supported to develop and extend their skills, for example the nurse practitioner was studying to become an advanced nurse practitioner.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular 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 assessed the patient's capacity and recorded the outcome of the assessment. They worked with the patient's carer to make a decision about treatment that was in the patient's best interests.
- Electronic patient record templates ensured consent was recorded appropriately, for example for joint injections.

### 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, physical activity, and smoking and alcohol cessation. Patients were signposted to the relevant services.

# Are services effective?

(for example, treatment is effective)

- A range of services were also available onsite including for example smoking cessation and a psychology service.

The practice's uptake for the cervical screening programme was 82% which was the same as the national average. The Bow Health Network provided additional resources and capacity to the practice as part of the Network Improvement Scheme, for example there was a network administrator for patient call and recall. 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.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. Its performance in these areas at 37% and 59% respectively was similar to CCG averages (39% and 56%).

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 56% to 96%, and for five year olds from 63% to 100%. The practice monitored its performance closely against that of the other practices in its network and in Tower Hamlets as a whole, and worked hard to continue to improve performance in this area.

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.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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 more private area to discuss their needs.

All of the 29 patient Care Quality Commission comment cards we received were positive about the quality of care experienced. Patients said they felt the practice offered a very good or excellent service and staff were helpful, caring and treated them with dignity and respect. Some highlighted that staff went out of their way to help and support them.

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

- 87% said the GP was good at listening to them compared to the national average of 89%.
- 86% said the GP gave them enough time (national average 87%).
- 89.5% said they had confidence and trust in the last GP they saw (national average 95%)
- 85% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 98% said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 91% said they found the receptionists at the practice helpful (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 to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 90% said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (national average 82%)
- 95% said the last nurse they saw was good at involving them in decisions about their care (national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language.

### 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.

The practice's computer system alerted GPs if a patient was also a carer and staff told us that most carers were known personally to them. The practice had identified 87 carers, approximately three percent of the practice list, and had assessed each of their health and support needs. It provided carers with information about the various avenues of support available to them.

The practice offered bereavement services where these were needed to the friends and family of a patient who had died. There was a system in place to ensure all staff were notified when a patient died to ensure they were able to treat relatives and carers appropriately and sympathetically.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, one of the partners was a member of the prescribing delivery board and represented Tower Hamlets GPs on the local pharmacy committee, another was the commissioning facilitator for the Bow Health Network, and the third was the GP sexual health champion for Tower Hamlets.

- The practice offered evening appointments up to 8.00pm and weekend appointments through the GP hub arrangements in Tower Hamlets.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- A range of diagnostic tests were available to patients at the practice including phlebotomy, INR (a blood test used to monitor the effects of warfarin), ECG, and spirometry.
- There were facilities for people with impaired mobility and translation services available.
- The practice was planning to install a hearing loop to better meet the needs of some people with impaired hearing.

### Access to the service

The practice's opening times were:

- 8.30am to 1.00pm and 2.00pm to 6.30pm every weekday except Thursday.
- 8.30am to 1.00pm on Thursday.

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

GP consultation times were:

- 9.00am to 12.00pm and 4.30pm to 6.00pm every week day except Thursday.

- 9.00am to 12.00pm on Thursday
- Appointments are also available until 8.00pm each week day and between 8.00am and 8.00pm on Saturday and Sunday under GP hub arrangements in Tower Hamlets.

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

Patients identified as at risk of avoidable unplanned admission to hospital and those with integrated care needs had their own telephone number for the practice to improve their access to the service.

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.

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 92% 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.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a patient information leaflet about how to let the practice know your views. This set out the complaints procedure and also signposted complainants to the independent complaints advocacy service.

We looked at the one complaint received in the 12 months prior to our inspection and found it had been dealt with in an open and timely way. Lessons had been learnt from investigating what the complaint was about and action was taken to improve the quality of care: the practice reviewed and improved its implementation of the local glucose tolerance test policy with staff, and improved the staff

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

induction pack to ensure newly appointed staff were told where clinical guidance documents were kept. The patient was satisfied with how their complaint had been handled and did not want to take the matter further.

# 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 the best quality service for patients.

- The practice had a mission statement to provide a service which puts patient welfare at the heart of all it did and staff shared the practice's values.
- The practice had a business development plan which reflected the vision and values and set out objectives. The plan provided a framework for making the necessary changes and checking that objectives were being met.

### Governance arrangements

The practice had an overarching governance framework which supported good quality care and service development. The framework ensured that:

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

### Leadership and culture

On the day of the inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. 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 encouraged a culture of openness and honesty and was aware of the requirements of the duty of candour; however there was no written policy or procedure

in place to ensure notifiable safety incidents were always handled in line with the duty. (The duty of candour is a set of legal requirements that providers of services must follow when things go 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 interaction as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- They 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.
- They said the best thing about working at the practice was the support they received from one another, and everyone working together as a team.
- 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. Staff said they felt valued.

### 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 acted on this feedback. For example it had changed the time its afternoon surgery opened to later on in the day to make it easier for patients to attend after work or after school. The practice organised PPG meetings and events and all patients were invited to take part in these. The practice found it difficult to recruit members who were able to make a sustained commitment to a PPG.
- The practice had gathered feedback from staff through staff meetings and appraisals and more generally through the course of day to day work. Staff told us they

# Are services well-led?

Good 

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

felt respected, valued and supported, particularly by the partners in the practice and the practice manager, and 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 partners were also actively involved in the wider CCG, for example one partner was the commissioning facilitator for the network, another was a member of the prescribing delivery board, and a third organised and taught at borough wide protected time learning events on sexual health.