

Harford Health Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



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 Harford Health Centre on 1 March 2016. Overall the practice is rated as requires improvement.

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.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not in all instances implemented well enough to ensure patients were kept safe, specifically in relation to recruitment checks, staff appraisals and mandatory training.
- Data from the National GP Patient Survey showed patient outcomes were significantly lower than local and national averages specifically in relation to appointment access and getting through to the practice on the telephone.
- Although some audits had been carried out, there was no evidence of an ongoing quality improvement programme to ensure outcomes for patients were maintained and improved.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a leadership structure that had named members of staff in lead roles. However, some governance arrangements needed development specifically in relation to recruitment and mandatory training.
- The practice proactively sought feedback from patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

The areas where the provider must make improvement are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.

The areas where the provider should make improvement are:

- Ensure there is an effective system for recording to whom prescription pads are issued.
- Develop a system to ensure mandatory training is up-to-date.
- Review the Business Continuity Plan.
- Develop an ongoing quality improvement programme including clinical audit and re-audit to ensure outcomes for patients are maintained and improved.
- Carry out staff appraisals annually and provide structured opportunities for staff to review their performance with their manager.
- Develop a carers' register to ensure information, advice and support is made available to them.
- Improve the availability of non-urgent appointments and review the telephone system to ensure patients can access the surgery in a timely manner.
- Review and update practice policies and procedures.

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 requires improvement for providing safe services.

Requires improvement



- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, not all mandatory training had been undertaken and staff files were inconsistently maintained and had shortfalls in information to demonstrate staff had been safely and effectively recruited and employed.
- 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were for the majority comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There had been one complete cycle clinical audit conducted in the last two years and the practice were participating in some CCG-led prescribing audits. However, there was no ongoing quality improvement programme including clinical audit and re-audit to ensure outcomes for patients are maintained and improved.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Not all staff had received an appraisal. However, we saw evidence that these had been scheduled.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice below others for care. For example, 67% of patients said the GP gave them enough time (CCG average 80%; national average of 87%), 68% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 79%; national average 85%) and 82% of patients said the GP was good at listening to them (CCG average 84%; national average of 89%).
- Patients on the day of the inspection told us 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.
- The practice had an on-site Bengali-speaking advocate on Monday and Tuesday morning and a Somali-speaking advocate on Wednesday morning in addition to telephone interpreters.
- The practice had not coded carers on the computer system and therefore could not provide us with details of a carer's register.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

Requires improvement



- 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, the practice participated in a local health initiative, which included care packages for patients with diabetes, hypertension and COPD (chronic obstructive pulmonary disease).
- Results from the national GP patient survey showed that the practice was significantly below CCG and national averages for its satisfaction scores on access to care. For example, only 29% describe their experience of making an appointment as good (CCG average 65%; national average of 73%) and only 22% of patients said they could get through easily to the practice by phone (CCG average 67%; national average of 73%). However, the practice had commenced a CCG pilot project 'Supporting Development in General Practice' which addressed patient access.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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?

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

- The practice had a vision and a strategy to deliver high quality care and promote good outcomes for patients. However, there was no written strategy or supporting business plan to achieve it.
- There was a leadership structure that had named members of staff in lead roles. However, some governance arrangements needed development specifically in relation to recruitment and mandatory training.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. However there was evidence of some good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered a domiciliary phlebotomy service for housebound patients.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. However there was evidence of some good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had a diabetes clinical prevalence higher than the CCG and national averages (practice 7.65%; CCG average 5.39%; national average 5.12%). 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 was 140/80 mmHg or less was 71% (national average 78%) and the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 81% (national average 80%).
- The practice hosted a specialist diabetic and dietician clinic for patients with poorly controlled diabetes for insulin initiation.
- The practice attended a bi-monthly network multi-disciplinary team meeting with a consultant diabetologist to discuss the management of patients with complex or uncontrolled diabetes and with a consultant chest physician to discuss asthma and chronic obstructive pulmonary disease (COPD).
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The provider was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. However there was evidence of some good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were good for all standard childhood immunisations. The practice were involved in a local CCG initiative to offer and monitor the uptake of childhood immunisations. Data provided by the locality for 2015/2016 showed that childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98% against a target of 95% and five year olds ranging from 88% to 95% against a target of 95%.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was comparable to the national average (practice 72%; national 75%).
- The practice's uptake for the cervical screening programme was 68%, which was below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test including the use of advocates for non-English speaking patients.
- 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. The practice ran a twice weekly baby clinic.
- The practice referred into several health initiatives in Tower Hamlets which included Fit4Life (a physical activity, healthy eating and weight loss programme) and MEND (a childhood obesity initiative aimed to help children become fitter, healthier and happier whilst having fun).

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. However there was evidence of some good practice.

- 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. An extended hour's clinic was available on Monday from 6.30pm to 8pm.
- The practice was proactive in offering online services and patients could book and cancel appointments, request repeat prescriptions and update personal information through the practice website.
- The practice organised influenza clinics at the practice on Saturday for those patients who are unable to attend during core hours.
- The practice had set up a weekly walking club and a 50+ free tea and coffee club in the café within the premises which enabled patients to exercise and socialise.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. However there was evidence of some good practice.

- 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 and are also offered home visits.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a Bengali-speaking advocate available in the practice on Monday and Tuesday morning and a Somali-speaking advocate on Wednesday morning. The patient arrival system was available in several languages which reflected the patient demographic.

Requires improvement



Summary of findings

- The practice ran a substance misuse clinic for patients on methadone and did monthly reviews with the key worker.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. However there was evidence of some good practice.

- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- 76% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented which is below the national average (88%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing significantly lower than local and national. Four hundred and sixteen survey forms were distributed and 93 were returned. This represented a response rate of 22% and 0.8% of the practice's patient list.

- 22% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 64% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and the national average of 85%.
- 51% of patients described the overall experience of this GP practice as good compared to the CCG average of 76% and the national average of 85%.
- 48% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 71% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards and 12 contained positive views about the service experienced. Patients said they felt the practice is caring and compassionate and the staff are professional. Nine cards contained both positive and

negative comments in which the negative comments related to the waiting time to get a routine appointment and getting through on the telephone. Six cards contained negative feedback about the appointment system, getting through on the phone and two commented that they had encountered rude staff.

We spoke with four patients during the inspection. All four patients thought staff were committed and caring and that the practice was clean and well-equipped. However, all four patients expressed difficulty getting through on the telephone to make an appointment with the waiting time between 20 and 40 minutes. This was echoed in the national GP survey in which only 22% of patients found it easy to get through to this practice by phone (CCG average 67%; national average 73%). Furthermore, two patients told us it could take three to four weeks to get a routine appointment which was often with a locum doctor. The national GP survey showed 42% of patients usually get to see or speak to their preferred GP (CCG average 52%; national average 59%).

The results of the friends and family test on NHS Choices stated 30% of patients would recommend the practice. In the national GP survey 48% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 71% and the national average of 78%.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff.

Action the service **SHOULD** take to improve

- Ensure there is an effective system for recording to whom prescription pads are issued.
- Develop a system to ensure mandatory training is up-to-date.
- Review the Business Continuity Plan.

- Develop an ongoing quality improvement programme including clinical audit and re-audit to ensure outcomes for patients are maintained and improved.
- Carry out staff appraisals annually and provide structured opportunities for staff to review their performance with their manager.
- Develop a carers' register to ensure information, advice and support is made available to them.
- Improve the availability of non-urgent appointments and review the telephone system to ensure patients can access the surgery in a timely manner.

Summary of findings

- Review and update practice policies and procedures.

Harford Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Harford Health Centre

Harford Health Centre operates from a modern purpose-built medical centre with nine clinical consulting rooms at 115 Harford Street, London, E1 4FG. The practice provides NHS primary care services to approximately 11,200 patients and operates under a Personal Medical Services (PMS) contract (an alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract). The practice is part of NHS Tower Hamlets Clinical Commissioning Group (CCG) which consists of 36 GP practices split into eight networks. Harford Health Centre is part of network three (Whitechapel & Stepney) comprising of three neighbouring practices.

The practice population is in the second most deprived decile in England. People living in more deprived areas tend to have greater need for health services. The practice population is 60% Bengali and Somali ethnic origin. Forty percent of consultations require a telephone interpreter or health advocate.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated

activities of diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services, family planning and surgical procedures.

The practice staff comprises of one male GP partner (eight sessions per week), one female salaried GP partner (eight sessions per week) and one female salaried GP (three sessions per week). The practice told us they currently have four full-time (eight session) salaried GP vacancies.

However, a four session salaried GP was commencing in April and an eight session salaried GP commencing in May. In the meantime, the practice were using locum doctors. In addition, the practice comprises two full-time nurse practitioners, three part-time practice nurses, two full-time healthcare assistants and two part-time phlebotomists. The team is supported by a full-time practice manager and deputy practice manager and 16 administration/reception staff.

The practice was open between 8am and 6.30pm Monday to Friday. The practice is closed from 1pm to 3pm on Wednesday when calls are diverted to the local out of hours service. Appointments were from 9am to 12 noon every morning except Tuesday when the first appointment was available at 8am and from 3pm to 5.50pm each afternoon. Extended hours appointments were offered on Monday from 6.30pm to 8pm.

The practice participates in a local health initiative run by the CCG which includes care packages for patients with diabetes, hypertension and COPD (chronic obstructive pulmonary disease). The practice also provides a number of directed enhanced services (schemes that commissioners are required to establish or to offer contractors the opportunity to provide linked to national priorities and agreements) including avoiding unplanned admissions and childhood immunisations.

Detailed findings

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111. Patients can also access appointments out of hours through several hub practices within Tower Hamlets between 6.30pm and 8pm on weekdays and 8am to 8pm on weekends as part of the Prime Minister's Challenge Fund (the Challenge Fund was set up nationally in 2013 to stimulate innovative ways to improve access to primary care services).

The practice was previously inspected on 11 December 2013 and we found that the provider was then meeting all essential standards.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 March 2016. During our visit we:

- Spoke with a range of staff (GP partners, locum GP, nurse prescriber, practice nurse, phlebotomist, practice manager, deputy practice manager, receptionist/administration staff and network manager) and 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.'

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 or the clinical governance lead of any incidents and there was a recording form available. We saw evidence of posters within the practice advising staff of how to report a significant event which outlined three levels of classification in a 'traffic light' format. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. The practice had recorded five significant events in the past 12 months.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an oral vaccine had incorrectly been administered to a patient. We saw evidence that advice had been sought from Public Health England and patient contacted, advised and reassured.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding children and a lead for

safeguarding adults. Staff members we spoke with were aware of the leads, the process for raising any issues and the location of the policies which contained appropriate names and contact details of relevant agencies. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. GPs were trained to child protection or child safeguarding level 3. Clinical staff had undertaken safeguarding adult and Mental Capacity Act training. Non-clinical staff demonstrated they understood their responsibilities and all had received training on safeguarding children relevant to their role.

- A notice in the waiting room and in consulting room advised patients that chaperones were available if required. 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 premises were maintained and cleaned by NHS Property Services and we saw evidence of a cleaning schedule and a cleaning audit undertaken in January 2016. The nurse prescriber was the infection control clinical lead but had only just taken on this role and had not undertaken any training. However, we saw evidence that training had been booked for May 2016. Only one practice nurse within the clinical team had received infection control training and none of the non-clinical staff. There was an infection control protocol in place. An infection control audit had been undertaken in February 2016. Although there was no written action plan to demonstrate what action had been taken to address the improvements identified as a result, we did see that actions had been undertaken. For example, the audit identified some high and low level dust in several consulting rooms and no pedal bins in several patient toilets and baby changing facility. On the day of the inspection we found the practice to be clean and dust-free and pedal bins available in the rooms identified. Spill kits were available and staff we spoke with knew where they were located.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored but there were no systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. These were signed by the practice nurses and lead prescriber (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- We reviewed five personnel files and found recruitment checks undertaken prior to employment were not robust. For example, some files were missing proof of identification, references, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). The practice told us they were in the process of processing DBS checks on some staff.

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 corridor which identified local health and safety representatives. The practice had undertaken a fire risk assessment and carried out regular fire drills. The practice had trained fire marshals. 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 infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. At the time of our inspection there were four full-time (eight session) salaried GP vacancies. However, we were told a four session salaried GP was due to commence in April and an eight session salaried GP in May. In the meantime, the practice used locum doctors.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The medicine adrenaline for use in an anaphylaxis reaction (a sudden allergic reaction that can result in rapid collapse and death if not treated) was provided by the local hospital. We found that dosage information literature did not detail current dosage guidance. The adrenaline was in date. The practice told us they would contact the local hospital.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. However, the plan did not include emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 90% of the total number of points available. This practice was not an outlier for any QOF clinical targets apart from one mental health clinical indicator.

Data from 2014/15 showed:

- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 70% (national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 99% (national average 94%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 93% (national average 84%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 76% (national average 88%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12

months was 63% (national average 90%). At the time of our inspection the 2015/16 QOF period was nearing its completion (31 March 2016). The practice had at the time of our visit achieved 81% (target 90%).

There was evidence of clinical audit. However, there was no ongoing quality improvement programme identified to ensure outcomes for patients are maintained and improved.

- There had been four clinical audits completed in the last two years, one of these was a completed audit which related to patient satisfaction and complication rate following joint injection.
- The practice participated in local audits, national benchmarking, accreditation and peer review. The practice were currently undertaking two CCG-led prescribing audits. Tower Hamlets CCG is the second highest prescriber amongst all London CCGs of three broad spectrum antibiotics (cephalosporins, quinolones and co-amoxiclav). The practice is also identified as an outlier against the national percentage for the prescribing of cephalosporins and quinolones (practice 9.5%, national 5%). The target is a reduction of 10%. The practice has completed the first cycle of this audit.

Effective staffing

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

- The practice had just introduced an induction programme for all newly appointed staff so we were unable to see any completed induction paperwork. This covered such topics as health and safety, infection prevention and control, information governance and fire safety.
- 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 had undertaken update courses in diabetes and COPD.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.

Are services effective?

(for example, treatment is effective)

- Some staff had not received an appraisal for several years and some staff had not had an appraisal at all. The practice manager told us that she had scheduled appraisals for staff in March and we saw evidence of this in her diary.
- Staff received training that included: safeguarding and basic life support. Staff had access to e-learning training modules but not all staff had registered for this. The practice had raised a significant event in February 2016 regarding a delay in disseminating log-in information received in July 2015 which had resulted in staff not undertaking mandatory training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. For example, with health visitors and substance misuse key workers.

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 (MCA) 2005. All clinical staff had undertaken MCA training.
- 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.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- Smoking cessation advice clinics were available at the practice.
- The practice had set up a weekly walking club and a 50+ free tea and coffee club in the café within the premises to enable patients to exercise and socialise.
- The practice referred into several health initiatives in Tower Hamlets which included Fit4Life (a physical activity, healthy eating and weight loss programme) and MEND (a childhood obesity initiative aimed to help children become fitter, healthier and happier whilst having fun).

The practice's uptake for the cervical screening programme was 68%, which was below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test including the use of advocates for non-English speaking patients. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test including the use of advocates for non-English speaking patients. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Data for childhood immunisation rates for 2014/2015 indicated vaccinations given to under two year olds ranged from 53% to 99% and five year olds from 55% to 99%. The practice was involved in a local CCG initiative to offer and monitor the uptake of childhood immunisations. Data

Are services effective?

(for example, treatment is effective)

provided by the locality for 2015/2016 showed that childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98% against a target of 95% and five year olds ranging from 88% to 95% against a target of 95%

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. The practice was involved in a local CCG initiative to offer and undertake NHS health checks. Data provided by the locality for 2015/16 showed that the practice had met its target of 17% of the eligible cohort.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We spent time in the reception area and observed a number of interactions between the reception staff and patients coming into the practice. The quality of interaction was good and staff were friendly, helpful and professional both on the phone and face to face.

- 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.

We received 27 comment cards and 12 contained positive views about the service experienced. Patients said they felt the practice is caring and compassionate and the staff are professional. Nine cards contained both positive and negative comments in which the negative comments related to the waiting time to get a routine appointment and getting through on the telephone. Six cards contained negative feedback about the appointment system, getting through on the phone and two commented that they had encountered rude staff.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed that the practice was slightly below CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 67% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.

- 81% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 68% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 72% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 91%.
- 62% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed that the practice was slightly below CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 69% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 67% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice population is 60% Bengali and Somali ethnic origin.

Are services caring?

Forty percent of consultations require an interpreter or health advocate. The practice has an on-site Bengali-speaking advocate on Monday and Tuesday morning and a Somali-speaking advocate on Wednesday morning in addition to access to telephone interpreters.

- The patient arrival system was available in several languages which reflected the patient demographic.
- We saw Braille signage on consulting room doors and areas accessible to patients.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room and a TV display screen advised patients how to access a number of support groups and organisations.

The practice had not coded carers on the computer system and therefore could not provide us with details of a carer's register. However, written information was available to direct carers to the various avenues of support available to them which included access to a benefit's adviser and annual flu vaccinations.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This was followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. The practice shared with us an example of where the doctors had assisted in the arrangements for a family to be relocated following a tragic incident.

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, the practice participated in a local health initiative, which included care packages for patients with diabetes, hypertension and COPD (chronic obstructive pulmonary disease), and was part of Tower Hamlets Community Interest Company which had successfully obtained additional investment to provide out of core hours access through several hub practices.

- The practice offered an evening clinic on Monday from 6.30pm to 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice were registered to provide the Yellow Fever vaccine and staff had received approved training.
- There were disabled facilities, a hearing loop, braille signage and translation services available including on-site Bengali and Somali-speaking advocates. The patient arrival/check-in system was available in languages reflecting the patient population.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice closed on Wednesday from 1pm to 3pm and calls were diverted to the local out of hour's service. Appointments were available from 9am to 12 noon every morning except Tuesday when appointments commenced at 8am, and in the afternoon from 3pm to 5.50pm. Extended hours appointments were offered on Monday from 6.30pm to 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in

advance, 48-hour appointments were available and urgent appointments were also available for people that needed them. Patients could also access appointments through several hub practices within Tower Hamlets between 6.30pm and 8pm on weekdays and 8am to 8pm on weekends.

Results from the national GP patient survey showed that the practice was significantly below CCG and national averages for its satisfaction scores on access to care and treatment. For example:

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 78%.
- 29% describe their experience of making an appointment as good compared to the CCG average of 65% and the national average of 73%.
- 22% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and national average of 73%.

People told us on the day of the inspection that they were unable to get appointments when they needed them and it was difficult to get through on the telephone. This was echoed in the CCG comment cards and in the national GP survey results.

The practice told us they had tried various initiatives to address access to appointments. For example, they had initiated a demand-led triage system which involved doctors talking to all patients who were then assessed on a clinical priority basis and an appointment booked as necessary. The need for an interpreter with 40% of the patient population had hindered the success of this initiative. The practice staff were working in partnership with the CCG through the pilot project 'Supporting Development in General Practice' which addressed access. In addition, the practice had liaised with their telephone provider to increase efficiency in the system, had initiated a 'number in the queue' prompt system, had restructured the reception team to meet telephone and reception demand, and had actively promoted the booking of appointments on-line. Some of these initiatives were implemented in conjunction with the PPG.

Listening and learning from concerns and complaints

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

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

- 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 a poster in reception and a complaint leaflet.

The practice had recorded 36 complaints in the last 12 months. We looked at six complaints received in the last 12 months and found that they had been recorded in detail and responded to appropriately. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

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 and staff knew and understood the values. Some of the staff we spoke with were aware of the vision but there was no formal business plan or written strategy to achieve it.

Governance arrangements

The practice had some overarching governance arrangements in place to support the delivery of care, however, some of these required development. For example:

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not in all instances effective specifically in relation to recruitment and mandatory training. However, immediately after the inspection the practice send an action plan which addressed each of the issues identified and how they planned to manage them.
- There was a leadership and staffing structure that had named members of staff in lead roles. For example, safeguarding, infection control and complaints. Staff were aware of their own roles and responsibilities.
- We found there was a meeting structure in place that allowed for lessons to be learned and shared following complaints and significant events.
- Practice specific policies were implemented and were available to all staff but some of these needed review.
- A comprehensive understanding of the performance of the practice was maintained
- There was evidence of clinical audit being carried out but there was no evidence of an ongoing quality improvement programme to ensure outcomes for patients were maintained and improved.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, by the partners and practice manager in the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice was monitoring but not responding to comments made on NHS Choices.
- The PPG was active and met quarterly on a Saturday with attendance from a GP partner, practice nurse and practice manager.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice participated in local pilot schemes to improve outcomes for patients in the area. For example:

Are services well-led?

Good 

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

- The practice participated in the CCG pilot project 'Supporting Development in General Practice' which addressed access.
- There was an active recruitment campaign for salaried GPs and we were told two GPs were due to commence shortly after our inspection.
- The practice was involved with a Prime Ministers Challenge Fund project in Tower Hamlets to improve access to GP out of hours services locally.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>We found that the provider had not mitigated risks related to staffing and recruitment. They had not carried out appropriate recruitment checks before staff started work at the practice, specifically evidence of professional registration, professional indemnity, qualifications, references and a DBS check.</p> <p>This was in breach of regulation 19(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	