

# Mission Medical Practice

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mission Medical Practice on 31 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 and recording significant events.
- Risks to patients were assessed and well managed with the exception of the absence of an automated external defibrillator for use in medical emergencies. Shortly after the inspection, the practice provided evidence that one had been ordered.
- 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.
- Patients said they were able to get an appointment, but not always with their preferred GP. Urgent appointments were available on the 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 patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had been undertaking minor surgical procedures but had not registered with CQC the regulated activity of surgical procedures. Since the inspection the practice has added the regulated activity to its registration.

We saw one area of outstanding practice:

# Summary of findings

The practice recognised that many patients attending the surgery had non-medical conditions and identified the need to effectively utilise the social prescribing initiative, which is a means of connecting patients with social, emotional or practical needs to a range of local, non-clinical services in the voluntary and community sector. It achieved this by creating a role for a dedicated member of the team to support patients with complex health needs and signpost them to the appropriate community services. We saw several examples of very positive outcomes and improved wellbeing for patients who had been suffering depression and social isolation and the practice reported some reduction in the use of conventional health services such as A&E attendance and GP appointments as a result.

The areas where the provider should make improvement are:

- Ensure all staff are trained on the use of the recently acquired automated external defibrillator (AED) and ensure the device is included in a schedule for electrical and medical equipment checks in line with guidance.
- Record and implement actions identified from the infection control audit.
- Ensure there is an effective system to track blank prescriptions through the practice in line with national guidance.

**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.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients were assessed and well managed, on the day of our inspection the practice did not have access to an automated external defibrillator and had not risk assessed if this was necessary. Shortly after the inspection, the practice provided evidence that one had been ordered.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable with local and national averages.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey was comparable with CCG and national averages for several aspects of care. For example, 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%; national average 85%).

# Summary of findings

- 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.
- The practice had created a role for a dedicated member of staff to coordinate the social prescribing initiative, which is a means of connecting patients with social, emotional or practical needs to a range of local, non-clinical services in the voluntary and community sector, such as a walking group, cooking club, playgroup, and carer support.

## 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, the practice participated in a local health initiative, which included care packages for patients with diabetes, hypertension and COPD (chronic obstructive pulmonary disease).
- Patients we spoke with on the day said they were able to get an appointment, but not always with their preferred GP. This was reflected in the national GP patient survey where 45% of patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 52% and national average of 59%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



# Summary of findings

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

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- 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 referred patients to LinkAge Plus (a free outreach service for the over 50s living in Tower Hamlets with the aim to help older people achieve a better quality of life, improve well-being and overcome social isolation within the community by providing activities and an outreach service).
- Patients who were on the avoidable admissions register and integrated care programme were given a separate number to call to enable them to get through to the practice quickly and by-pass the main phone line.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, 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 81% (national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 97% (national average 94%).
- The practice attended network multi-disciplinary team meeting with a consultant diabetologist to discuss the management of patients with complex or uncontrolled diabetes.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

## Families, children and young people

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

Good



- 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.
- The practice followed-up on all non-attendance of children at GP and secondary care appointments to ensure children were not missing essential health reviews.
- 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 74%, national 75%).
- The practice actively referred into MEND (a childhood obesity initiative aimed to help children become fitter, healthier and happier whilst having fun) and MEND Mums (a post-natal weight management programme).
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

## 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).

Good



- 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 held an extended hours clinic on Saturday from 8.30am to 12 noon and out-of-hours appointments were available through several hub practices in the CCG area.
- The practice was proactive in offering on-line services and patients could book and cancel appointments, request repeat prescriptions and update personal information through the practice website.

## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Some of the staff had been trained in learning disability awareness.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- A benefit advisor held a weekly session at the practice to assist patients.
- The practice had written information and links on the practice website to direct carers to various avenues of support. The practice had identified and recorded 1.5% of the practice list as carers.
- The practice ran a weekly substance misuse clinic for patients on methadone and a weekly morning clinic on-site at a local hostel providing temporary accommodation for single homeless men and women with alcohol dependence.

## 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).

- Performance for mental health related indicators was comparable to the national average. For example, 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 87% (national average 88%).
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 73%, which was below the national average of 84%.
- 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.

Good



# Summary of findings

- 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. Some of the staff had trained in dementia awareness.

# 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. Four hundred and fourteen survey forms were distributed and 93 were returned. This represented a response rate of 22% and 1% of the practice's patient list.

- 71% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 78%; national average 85%).
- 87% described the overall experience of their GP surgery as good (CCG average 76%; national average 85%).

- 79% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 71%; national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards, two of which were positive about the standard of care received. One card was negative about access to an emergency appointment and one regarding the provision for deaf people.

We spoke with 12 patients during the inspection. All 12 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Results of the Friends and Family Test for February 2016 showed 90% of patients would recommend the practice.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure all staff are trained on the use of the recently acquired automated external defibrillator (AED) and ensure the device is included in a schedule for electrical and medical equipment checks in line with guidance.
- Record and implement actions identified from the infection control audit.
- Ensure there is an effective system to track blank prescriptions through the practice in line with national guidance.

## Outstanding practice

The practice recognised that many patients attending the surgery had non-medical conditions and identified the need to effectively utilise the social prescribing initiative, which is a means of connecting patients with social, emotional or practical needs to a range of local, non-clinical services in the voluntary and community sector. It achieved this by creating a role for a dedicated member of the team to support patients with complex

health needs and signpost them to the appropriate community services. We saw several examples of very positive outcomes and improved wellbeing for patients who had been suffering depression and social isolation and the practice reported some reduction in the use of conventional health services such as A&E attendance and GP appointments as a result.

# Mission Medical Practice

## 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, a practice manager specialist adviser and an Expert by Experience.

## Background to Mission Medical Practice

Mission Medical Practice is located at 208 Cambridge Heath Road, London E2 9LS on the first floor of what was previously Bethnal Green Hospital. The practice is accessible by lift and stairs. The clinical area is split into two wings, the north wing consisting of 15 consulting rooms and the south wing consisting of six nurse consulting rooms. The practice provides NHS primary care services to approximately 11,200 patients living in the Bethnal Green area through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is part of NHS Tower Hamlets Clinical Commissioning Group (CCG) which consists of 36 GP practices split into eight networks. Mission Medical Practice is in network one which comprises of five local practices.

The practice population is in the second most deprived decile in England. People living in more deprived areas tend to have a greater need for health services.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease;

disorder or injury; maternity and midwifery services; and family planning. Prior to our inspection the practice told us they were undertaking minor surgical procedures. However, they were not registered for the regulated activity of surgical procedures. Since the inspection the practice has added the regulated activity to its registration.

The practice staff comprises of four male and five female GP partners (totalling 46 clinical sessions per week), two female salaried GPs (totalling nine clinical sessions per week) and two registrars (totalling 11 sessions per week). The clinical team is supported by four practice nurses of which one was a non-medical independent prescriber and four healthcare assistants. The administration team consists of a full-time practice manager, 10 receptionists, a wellbeing networker, a secretary and a summariser.

The practice is a training and a teaching practice.

The practice premises are open from 8.30am to 6.30pm every week day except Thursday when the practice closes at 1pm. Extended hours are provided on Saturday morning from 8.30am to 12 noon.

The practice provides a range of services including childhood immunisations, chronic disease management, smoking cessation, sexual health, cervical smears and travel advice and immunisations.

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).

# Detailed findings

## Why we carried out this inspection

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

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

The practice had not been previously inspected.

## 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 31 March 2016. During our visit we:

- Spoke with a range of staff (GP partners, GP registrar, practice manager, practice nurse, healthcare assistant, secretary, receptionists and wellbeing networker) 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 of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. There was a lead clinician, meetings were held monthly and minutes were available. The practice had recorded 15 significant events in last 12 months. For example, a patient with potentially contagious measles was asked to attend the surgery but the doctor failed to inform the reception team. The practice reviewed their isolation policy for potentially contagious patients and its system of highlighting these patients within the clinical system so all staff were aware.

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, we saw evidence that the practice had acted upon a Medicines and Healthcare Products Regulatory Agency (MHRA) safety alert regarding the use of the medicine domperidone and the risk of cardiac side effects. The practice had undertaken an audit to identify patients, had communicated with them and made the necessary prescribing changes.

### 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 member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice maintained a register of vulnerable children and adults and demonstrated an alert system on the computer to identify these patients. All staff we spoke with were aware of this system. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and practice nurses were trained to Safeguarding level 3.
- A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken two weeks prior to our inspection but an action plan which outlined the findings had not yet been produced. We saw evidence that the practice had addressed a previous audit action and had replaced fabric chairs in consulting rooms with wipeable infection control compliant seating.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored but there were no systems in place to monitor their use.

## Are services safe?

However, this was rectified by the practice during our inspection and we saw evidence of a system implemented. 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 (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). These were signed by the practice nurses and lead prescriber. Healthcare assistants were trained to administer vaccines and medicines against a Patient Specific Direction (PSD) from a prescriber (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff kitchen which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All staff were trained as fire marshals and there was an effective system in place to evacuate the north and the south wing of the building which had been practised. 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 health and safety, 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. Non-clinical staff we spoke with told us they covered each other for holiday and sickness. The practice operated a 'buddy' system to cover clinician annual leave to ensure all results and documents were reviewed during an absence. We saw evidence that the practice used the same locum doctor when required.

### Arrangements to deal with emergencies and major incidents

Although the practice had arrangements in place to respond to emergencies and major incidents it did not have access to an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency) and had not risk assessed if this was necessary. The practice provided evidence two days after our inspection to confirm that one had been ordered.

- There was a 'code blue' page system activated via the telephone which alerted staff to an emergency. We saw evidence that all staff had been trained on this system and all staff we spoke with were aware of the procedure and how to respond.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- Oxygen with adult and children's masks were available. 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 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.

### 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 99.1% of the total number of points available.

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

- Performance for diabetes related indicators was similar to the national average. For example, 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 81% (national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 97% (national average 94%).
- Performance for hypertension (high blood pressure) was comparable to the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 87% (national average 83%).
- Performance for mental health related indicators was comparable to the national average. For example, 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 87% (national average 88%).

Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Audits included cancer diagnosis, secondary care referrals, asthma control and a CCG-led antibiotic prescribing audit.
- The practice participated in local audits, national benchmarking and peer review.

Findings were used by the practice to improve services. For example, an audit relating to the prescribing of the broad-spectrum antibiotics co-amoxiclav, quinolones and cephalosporins identified 60 patients on initial search, of which only 10 had been prescribed in line with guidance. The practice made changes to their prescribing for simple generic antibiotics to meet guidance as part of the antimicrobial resistance strategy. A re-audit was undertaken to ensure prescribing guidelines were maintained.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example, asthma and diabetes update training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the



# Are services effective?

## (for example, treatment is effective)

scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support, information governance and equality and diversity. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. We saw evidence of MCA training for the doctors.
- 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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group.
- The practice referred into several health initiatives in Tower Hamlets which included LinkAge Plus (a free outreach service for the over 50s living in Tower Hamlets with the aim to help older people achieve a better quality of life, improve well-being and overcome social isolation within the community by providing activities and an outreach service), Fit4Life (a physical activity, healthy eating and weight loss programme), MEND (a childhood obesity initiative aimed to help children become fitter, healthier and happier whilst having fun), and MEND Mums (a post-natal weight management programme).

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 50% to 93% and five year olds from 63% to 93%.

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 very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Of the four patient Care Quality Commission comment cards we received, two were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 88% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 80%; national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 92%; national average 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%; national average 85%).
- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG average 81%; national average 91 %%).

- 82% said they found the receptionists at the practice helpful (CCG average 84%; national average 87%).

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

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

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

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%; national average 82%).
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG average 76%, national average 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 and in the practice leaflet.
- The practice had several bi-lingual staff and also had a Bengali-speaking advocate attached to the practice on Thursday morning.
- The practice had access to British Sign Language advocates.
- The practice website had a translate facility and could be translated into an array of languages.
- Information leaflets were available in easy read format which included health education leaflets in other languages, for example Bengali and Polish.
- The practice had created a role for a dedicated member of staff to coordinate the social prescribing initiative, which is a means of connecting patients with social,

## Are services caring?

emotional or practical needs to a range of local, non-clinical services in the voluntary and community sector, such as a walking group, cooking club, playgroup, and carer support.

- A benefits advisor held a weekly session at the surgery.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Health information and advice were also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 170 patients as carers (1.5% of the practice list). Written information and links on the practice website was available to direct carers to the various avenues of support available to them.

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

# 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 a 'Commuter's Clinic' on Saturday from 8.30am to 12 noon 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 would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8.30am and 6.30pm every week day except Thursday when the practice closed at 1pm. Appointments were available from 8.30am to 12 noon and 3pm to 6.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Routine doctor appointments were 15-minute. This was implemented following an audit of late-running clinics with 10-minute appointments. A re-audit revealed a decrease in the amount of clinics which

ran over schedule. Extended surgery hours were offered every Saturday between 8.30am and 12 noon and included access to doctor, nurse and healthcare assistant appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was slightly lower than local and national averages for opening hours and seeing their preferred GP.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 45% patients said they always or almost always see or speak to the GP they prefer (CCG average 52%; national average 59%).
- 71% patients said they could get through easily to the surgery by phone (CCG average 67%; national average 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them but not always with their preferred GP.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example a poster in the waiting room, a complaint leaflet and form.

We looked at a selection of the 25 complaints received in the last 12 months. A formal log was kept and we saw that they had been recorded in detail and responded to appropriately. There was clear evidence of the action taken to prevent their reoccurrence. We saw minutes of a meeting where complaints had been discussed.

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

### Governance arrangements

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

- There was a clear staffing structure that had named members of staff in lead roles. For example, safeguarding, complaints, clinical governance. All staff we spoke with were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. The main practice meeting was held every Thursday afternoon when the practice was closed. We saw evidence that the regular locum doctor attended meetings when covering at the practice.
- Staff we spoke with told us that every Thursday when the premises were closed they prepared and held a practice-wide lunch with provisions provided by the practice. Staff told us they felt this promoted team work and a good team spirit.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met every two months and carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG assisted the practice to monitor call answering performance following negative feedback about wait times on the phone. The PPG reviewed call data from the telephone system over a period of a month related to call wait

# Are services well-led?

Good 

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

times and calls abandoned. The practice has been able to use this information to adjust staffing at peak times. This is an ongoing audit. The PPG regularly attend the practice to actively encourage patients to join the PPG.

- The practice had gathered feedback from staff through appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

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

- The practice had created a role for a dedicated member of staff to coordinate the social prescribing initiative, which is a means of connecting patients with social, emotional or practical needs to a range of local, non-clinical services in the voluntary and community sector.
- The practice was involved with a Prime Minister's Challenge Fund project in Tower Hamlets to improve access to GP out of hours services locally.
- The practice had recently received grant funding to improve the practice premises which included the addition of an extra consulting room.