

East One Health

Quality Report

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Date of inspection visit: 16 February 2016
Date of publication: 17/06/2016

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?	Good	
Are services well-led?	Requires improvement	

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 East One Health on 16 February 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 a system in place for reporting, investigating and learning from 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 mandatory training, infection control and recruitment checks for locum staff.
- 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 found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure that had named members of staff in lead roles. However, the practice did not have adequate systems or processes in place to effectively demonstrate good governance on the day of inspection specifically in relation to the organisation of mandatory training, the management of infection control and carrying out of some recruitment checks.
- Staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- 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 incomplete and overdue a review and not all staff knew how to access them.

The areas where the provider must make improvement are:

- Implement and record actions identified from the infection control audits and review the cleaning arrangements for the practice
- Put a system in place to ensure mandatory training, in particular safeguarding, chaperoning and infection control, is up-to-date.
- Ensure recruitment checks are carried out for locum staff.

The areas where the provider should make improvement are:

- Develop an ongoing programme of clinical audit and re-audit to ensure outcomes for patients are maintained and improved.
- Formulate a written strategy to deliver the practice's vision.
- Review the system for disseminating and acting upon national patient safety alerts to ensure staff are aware of the process.
- Ensure all policies and procedures to govern activity are reviewed and relevant to the service.
- Install emergency pull cords in the accessible toilet facilities.

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.

- 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 non-clinical staff acting as chaperones were trained, standards of cleanliness and infection control processes within the practice were inconsistent, there was no system for checking clinical staff immunity status, there were no evidence of recruitment checks for locum staff, and emergency pull cords were not installed in the accessible toilet facilities.
- There was an open and transparent approach to safety and a system in place for reporting, investigating and learning from and recording significant events.
- The practice had a system in place to review safety alerts but the practice manager was not aware of the process of dissemination and system to ensure these had been read and acted upon.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, not all clinical and non-clinical staff within the practice had undertaken training in the safeguarding of children and vulnerable adults relevant to their role.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to locality and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There had been two complete cycle clinical audits conducted in the last two years but there was no ongoing programme of clinical audit and re-audit to ensure outcomes for patients are maintained and improved.

Good



Summary of findings

- 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.
- There were gaps in mandatory training records and the practice could not tell us what it had identified as mandatory training.
- 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.

- Data from the National GP Patient Survey showed patients rated the practice comparable to others for care. For example, 82% said the GP was good at listening to them (CCG average 84%; national average 89%), 86% said the GP gave them enough time (CCG average 80%; national average 87%) and 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%; national average 85%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



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) and is part of a local Community Interest Company which has successfully obtained additional investment to provide out of core hours access and acts as one of the locality hubs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. In addition, 76% of

Good



Summary of findings

patients were satisfied with the practice's opening hours (CCG average 75%; national average of 75%) and 77% patients said they could get through easily to the surgery by phone (CCG average 67%; national average 73%).

- 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.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice told us they had a vision to deliver high quality care and promote good outcomes for patients. However, there was no formal strategy or business plan in place to deliver this.
- There was a leadership structure in place that had named members of staff in lead roles. However, the practice did not have adequate systems or processes in place to effectively demonstrate good governance on the day of inspection specifically in relation to the organisation of mandatory training, the management of infection control and carrying out of recruitment checks for locum staff.
- The practice had a number of policies and procedures to govern activity, but some of these were incomplete and overdue a review.
- Staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not in all instances effective.
- 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 patients, which it acted on. The patient participation group was active.

Requires improvement



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 well-led. 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 in conjunction with district nurses and other community services.
- 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.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe and well-led. 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 held a weekly anticoagulation clinic.
- Performance for diabetes related indicators was comparable the national average. For example, the percentage of these patients in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less was 78% (national average 78%) and the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 86% (national average 80%).
- 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.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for safe and well-led. 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.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was comparable to the national average (practice 73%; national 75%).
- The practice's uptake for the cervical screening programme was 77%, 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies and same day appointments were available for children and those with serious medical conditions.
- The practice had been awarded the 'You're Welcome Award' (a programme aimed to support health services to be more young people friendly).
- The practice offered sexual health screening at the new patient health check.
- 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



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe and well-led. 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.
- The practice is a locality hub for out of core hours access to appointments which includes 8am to 8pm Saturday and Sunday.

Requires improvement



Summary of findings

- The practice was proactive in offering online services and patients can book and cancel appointments, request repeat prescriptions and update personal information through the practice website.

People whose circumstances may make them vulnerable

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

- The practice registered patients from a local domestic violence refuge. We saw that staff members had attended Identification and Referral to Improve Safety (IRIS) training. This was a general practice based domestic violence and abuse (DVA) training, support and referral programme for primary care staff and provided care pathways for all adult patients living with abuse and their children.
- The practice hosted a weekly domestic violence counselling clinic.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. The practice had 38 patients on its register and 36 had completed reviews.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing and documentation of safeguarding concerns.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

- 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.

Requires improvement



Summary of findings

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was comparable with the national average (practice 85%; national 84%)
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was lower than the national average (practice 62%; national average 88%).

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 slightly above the CCG averages for getting through to the surgery on the phone and getting an appointment. Four hundred and sixteen survey forms were distributed and 95 were returned. This represented a response rate of 22.8% and 1% of the practice's patient list.

- 77% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried (CCG average 78%; national average 85%).
- 65% described the overall experience of their GP surgery as good (CCG average 76%; national average 85%).
- 63% 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 five comment cards all of which were positive about the standard of care received. Patients said staff are friendly, doctors were understanding and helpful and they were treated with dignity and respect.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. However, two patients told us it was difficult to get through on the phone at certain times. The practice told us they were currently addressing this issue as they had received similar comments on NHS Choices and through their PPG. They are currently promoting on-line access to appointments and have publicised this facility through the practice website, newsletter and information screen in the waiting room.

The results of the friends and family test stated 68% of patients would recommend the practice. Similarly, the national GP patient survey results stated that 63% would recommend their GP surgery to someone who has just moved to the local area which was lower than the CCG average of 71% and national average of 78%.

Areas for improvement

Action the service MUST take to improve

- Implement and record actions identified from the infection control audits and review the cleaning arrangements for the practice
- Put a system in place to ensure mandatory training, in particular safeguarding, chaperoning and infection control, is up-to-date.
- Ensure recruitment checks are carried out for locum staff.

Action the service SHOULD take to improve

- Develop an ongoing programme of clinical audit and re-audit to ensure outcomes for patients are maintained and improved.
- Formulate a written strategy to deliver the practice's vision.
- Review the system for disseminating and acting upon national patient safety alerts to ensure staff are aware of the process.
- Ensure all policies and procedures to govern activity are reviewed and relevant to the service.
- Install emergency pull cords in the accessible toilet facilities.

East One Health

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 and a practice manager specialist adviser.

Background to East One Health

East One Health provides NHS primary care services to approximately 9,800 patients across two sites at 14 Deancross Street, London E1 2QA and 445 Cable Street, London E1W 3DP. Patients are able to access services at both sites. The practice operates under an Alternative Provider Medical Services (APMS) contract (a locally negotiated contract between NHS England and general practices for delivering general medical services). The practice is part of NHS Tower Hamlets Clinical Commissioning Group (CCG) which consists of 36 GP practices split into eight networks. East One Health is part of the Highway Network comprising of four 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 catchment area has a large Bangladeshi population and a proportion speak English as a second language. The practice has access to Bengali and Sylheti-speaking advocates on the premises.

The practice is registered 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 and surgical procedures. All surgical procedures are undertaken at the Cable Street site.

The practice staff comprises of two male and two female GP partners (seven clinical sessions each), three female salaried GPs and one male salaried GP (totalling 19 clinical sessions) and one female GP registrar (five sessions per week). At the time of our inspection two GPs were on maternity leave and the practice were using locum doctors. The team is supported by five practice nurses and three healthcare assistants, a practice manager and deputy practice manager and a team of administration and receptionist staff.

The practice is a training and teaching practice and currently has one GP registrar and medical students from Queen Mary's University London. The practice also had a practice nurse from the 'Open Doors' practice nurse programme (an initiative set up in 2007 in response to practice nurse shortages in Tower Hamlets, the scheme recruits nurses from secondary care and provides them with practice nurse training and undertake secondment in general practices in the area).

The practice at Deancross Street is open between 8am and 8pm Monday to Friday and on Saturday from 9am to 1pm. Clinical appointments are available from 8am to 1pm and 2pm to 8pm. The practice at Cable Street is open between 8.30am and 1pm and 3.30pm and 6.30pm on Monday, Wednesday and Friday and on Tuesday between 8.30am and 6.30pm and on Thursday from 8.30am to 1pm. Telephone calls are diverted to the main practice when the surgery is closed.

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

Detailed findings

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.

In September 2014, all GP practices in Tower Hamlets formed a Community Interest Company (GP Care Group) with the aim to provide innovative high quality, responsive and accessible health services. In March 2015, GP Care Group successfully obtained additional investment from 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) to provide out of hours access to appointments through several hub practices. East One Health serves as one of the hub practices at its premises located in Deancross Street on Saturday and Sunday from 8am to 8pm. We did not inspect this service.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111.

The practice was previously inspected on 27 December 2013 and concerns were found relating to the essential standards: Respecting and involving people who use services and Requirements relating to workers. A follow-up announced inspection was undertaken on 22 May 2014 and we found that the provider was then meeting both essential standards.

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 February 2016 and inspected both premises as Deancross Street and Cable Street.

During our visit we:

- Spoke with a range of staff (GP partners, salaried GP, practice nurse, practice manager, facilities manager, deputy practice manager, administration staff and receptionists) 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)

Detailed findings

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 a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents. There was evidence that significant events were discussed and reviewed at clinical meetings.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a needlestick injury, the needlestick injury protocol was updated and located in each clinical room and we saw evidence of this on the day.

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

The practice had a system in place to review safety alerts sent to the practice. The senior partner received the alerts and shared these at clinical meetings and we saw evidence of minutes. However, the practice manager was not aware of the process of dissemination or the system in place to ensure that safety alerts had been read and acted on by individual clinicians.

Overview of safety systems and processes

The practice had 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 available on the practice intranet. However, not all staff could locate the policies. 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. Non-clinical staff demonstrated they understood their responsibilities but only three out

of 15 had received training relevant to their role. The practice could only provide records for three GPs out of nine who were trained to Safeguarding level 3. However, two GPs without evidence of training were currently on maternity leave. Two out of five practice nurses had received training relevant to their role but none of the healthcare assistants had received any training. We saw that staff members had attended Identification and Referral to Improve Safety (IRIS) training. This is a general practice based domestic violence and abuse (DVA) training, support and referral programme for primary care staff and provided care pathways for all adult patients living with abuse and their children.

- Not all staff who acted as chaperones were trained and some staff we spoke to were unclear as to where to stand and observe a procedure and indicated that they stood outside the curtain screen. All staff who acted as chaperones 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). There were notices advising patients that chaperones were available.
- The practice were aware that standards of cleanliness were inconsistent and told us they had raised this with the cleaning contractor. We found the cleaning store cupboards at both sites did not have adequate segregation of mops and cleaning cloths which posed a risk of cross-contamination. Mops buckets had not been emptied of water and were dirty. Whilst the premises appeared to be clean, we found evidence of high dust on rails and a trolley in the minor surgical suite. There was no regime in place for the deep cleaning of this room. The practice nurse was the infection control clinical lead and had received training but there was no clear guidance on what this role entailed. There was an infection control protocol in place. Only the infection control lead and two administration staff had received infection control training. Infection control audits had been undertaken for both premises in October 2015 by the Infection Control Team at NHS England. The infection control lead told us she had not seen a copy of the infection control action plans and so could not demonstrate what actions had been taken to address the improvements identified. The practice did not hold a register of staff immunity to Hepatitis B and no process for checking staff immunity status.

Are services safe?

- The arrangements for managing medicines, including emergency medicines 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 and there were systems in place to monitor their use. 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. Health Care Assistants were trained to administer vaccines and medicines against a Patient Specific Direction (PSD) from a 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. 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 saw evidence of annual immunisation training.
- We reviewed four 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. However, the practice could not provide details of the checks carried out for locum GPs working at the practice who were covering maternity leave for two salaried GPs.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. All staff had received training in health

and safety, manual handling and dealing with sharps injury. The practice had an up to date fire risk assessment and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as health and safety and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). The accessible toilet facilities did not have an emergency call cord.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice were using locum doctors to cover maternity leave.

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 and all staff we spoke with were aware of this.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. However, there was no alternative to penicillin available for those patients known to have a penicillin allergy. The practice told us they checked the emergency trolley weekly but no record of this was available. The assistant practice manager wrote to us five working days after our inspection to confirm a check list is now attached to the trolley.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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, with 6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable the national average. For example, the percentage of these patients in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less was 78% (national average 78%) and the percentage of the these patients with a record of a foot examination and risk classification within the preceding 12 months was 87% (national average 88%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90 mmHg or less was similar to the national average (practice 81%, national average 84%).
- Performance for some mental health related indicators were below the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 62% (national

average 88%). However, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was comparable with the national average (practice 85%, national 84%)

Clinical audits demonstrated improvement.

- There had been two clinical audits completed in the last two years where the improvements made were implemented and monitored. However, there was no ongoing programme of clinical audit and re-audit to ensure outcomes for patients are maintained and improved.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services.

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 which covered such topics as fire safety, health and safety and first aid.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Some staff had received training that included: safeguarding, fire procedures, basic life support and information governance awareness but this was inconsistent. The practice manager could not tell us what the practice had identified as mandatory training.

Are services effective?

(for example, treatment is effective)

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.
- The practice had a backlog of new patient record summarising and had a current achievement of 42% (target 80%). The practice told us they previously had dedicated staff summarising records but this had lapsed in recent months. After our inspection the practice manager wrote to us to say the practice have now assigned dedicated staff to summarising.

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

Consent to care and treatment

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

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

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.
- There was a Bengali-speaking smoking cessation advisor available at the practice.
- The practice refers to the Fit4Life course (a physical activity, healthy eating and weight loss programme) for Tower Hamlets residents aged 18+ years who have, or at high risk of, diabetes and cardiovascular disease.
- The practice utilises the MEND Programme for 7-11 year olds in Tower Hamlets, 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 77%, 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. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 60% to 97% and five year olds from 57% to 94%.

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.

All of the five patient Care Quality Commission comment cards we received 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 one member of the patient participation group who 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. The practice also shared with us several patient thank you letters.

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

- 82% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 86% 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%)
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%; national average 85%).

- 82% said the last nurse they spoke to was good at treating them with care and concern (CCG average 81%; national average 91%).
- 79% 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:

- 82% 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%.
- 73% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%; national average 82%)
- 78% said the last nurse they saw was good at involving them in decisions about their care (CCG average 76%; national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. The practice also had Bengali-speaking advocates.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. A care worker attends the practice to speak to carers to give advice and guidance on benefits and entitlements.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them and they were sent a letter of condolence. Families were able to get appointments at the practice where required. Advice on how to find a support service was also available in the waiting room.

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 participates in a local health initiative which includes care packages for patients with diabetes, hypertension and COPD (chronic obstructive pulmonary disease) and is part of a local Community Interest Company which has successfully obtained additional investment to provide out of core hours access and acts as one of the locality hubs.

- The practice offered appointments 8am to 8pm Monday to Friday and from 9am to 1pm on Saturday.
- 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 including on-site Bengali and Sylheti-speaking advocates.

Access to the service

The practice at Deancross Street is open between 8am and 8pm Monday to Friday and on Saturday from 9am to 1pm. Clinical appointments are available from 8am to 1pm and 2pm to 8pm. The practice at Cable Street is open between 8.30am and 1pm and 3.30pm and 6.30pm on Monday, Wednesday and Friday and on Tuesday between 8.30am and 6.30pm and on Thursday from 8.30am to 1pm. In

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

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 77% patients said they could get through easily to the surgery by phone (CCG average 67%; national average 73%).
- 51% patients said they always or almost always see or speak to the GP they prefer (CCG average 52%; national average 59%).

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

Listening and learning from concerns and complaints

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

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

We looked at ten complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way with openness and transparency and included details of how to contact an advocacy service and the Health Service Ombudsman if not satisfied. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice told us they had a vision to deliver high quality care and promote good outcomes for patients. However, this was not always reflected in the way that the practice was run and the resulting care provided to patients. Some of the staff we spoke with were aware of the vision but there was no formal business plan in place or written strategy to achieve it.

Governance arrangements

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

- There was a clear leadership and staffing structure that had named members of staff in lead roles. For example, safeguarding, infection control and complaints. However, the nominated Infection Control Lead had insufficient understanding of their responsibilities in that role and no clear guidance on what the role entailed and the safeguarding lead had not ensured all clinical and non-clinical staff within the practice had undertaken training in safeguarding children and vulnerable adults relevant to their role.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not in all instances effective, particularly relating to infection control, recruitment and mandatory training.
- Practice specific policies were implemented and were available to all staff. However, not all staff we spoke with knew how to access them.
- Some practice specific policies were not up to date and in need of a review.
- On the day of the inspection we found failing in the implementation of systems and policies on infection control, recruitment checks for locum staff and ensuring completion of mandatory training.
- There was evidence of clinical audit being carried out, but there was no evidence that a programme of continuous clinical audit was in place.

We found there was a meeting structure in place that allowed for lessons to be learned and shared following complaints and significant events. A comprehensive understanding of the performance of the practice was maintained.

Leadership and culture

The practice management team told us that the practice was committed to offering the best care possible for their patients. This was evident in the way that we observed staff interacting with patients and in the feedback we received from patients and staff. However, there were several areas where this vision was not demonstrated, for example, lack of assurance that safeguarding training for clinical and non-clinical staff was to the required level.

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

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

Staff we spoke with on the day of the inspection told us:

- They felt supported by management.
- There were regular team meetings.
- There was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- They felt respected, valued and supported, particularly by the partners and the practice manager.

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

The practice encouraged and valued feedback from patients. 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), Friends and Family test, the national GP patient survey and NHS Choices. They also discussed and shared complaints and compliments received. There was an active PPG. The group was

Are services well-led?

Requires improvement 

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

representative of the practice population and consisted of patients ranging from all age categories (17 to over 75 years). Improvements to the service which have been made as a result of PPG feedback include improvement to the telephone system by providing additional lines to assist better telephone access to appointments and an increase in telephone consultations.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Specifically the practice serves as a hub for Saturday and Sunday access as part of the Prime Minister's Challenge Fund.

The practice trained registrars and medical students and engaged in the practice nurse training programme initiative.

The practice manager had been in post for one year and was working hard towards meeting all legislative requirements and regulations, whilst maintaining the delivery of high quality care. Some of the issues raised during the inspection were already listed for action by the practice manager and partners.

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

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered provider had not done all that was reasonably practicable to address identified risks.

How the regulation was not being met:

- The provider had failed to action and evidence points raised in infection control audits.
- The provider had failed to ensure adequate cleaning arrangements and some clinical areas were unclean.

Regulation 12(1)

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered provider had not ensured staff received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

How the regulation was not being met:

Not all staff had received training for their role including safeguarding, chaperoning and infection control.

Regulation 18 (2)(a).

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered provider did not effectively operate recruitment process to ensure information that must be available in relation to each such person employed:

This section is primarily information for the provider

Requirement notices

(a) the information specified in Schedule 3, and (b) such other information as is required under any enactment to be kept by the registered person in relation to such persons employed.

How the regulation was not being met:

The provider could not provide records of recruitment checks for locum GPs.

Regulation 19(1)(a)(b)(3)(a)