

Pollard Row Practice

Inspection report

47 Pollard Row
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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of Pollard Row Practice on 20 November 2018 as part of our inspection programme.

At the inspection we found:

- The practice had systems to keep people safe and safeguarded from abuse.
- There were adequate systems for reviewing and investigating when things went wrong. The practice handled complaints appropriately and was aware of the duty of candour.
- The monitoring of uncollected prescriptions was not effective.
- The practice reviewed and monitored the effectiveness and appropriateness of the care it provided.
- Care and treatment was delivered according to relevant and current evidence based guidance and standards.
- Patient feedback about the practice was generally positive, and the practice's GP patient survey results were in line with local and national averages.
- The practice had an active patient participation group.

- The practice organised and delivered services to meet patients' needs.
- There was a clear leadership structure, and staff told us that they felt able to raise concerns and were confident that these would be addressed.
- There were processes for providing staff with the development they needed, although the practice manager had not had an appraisal.
- There was a focus on continuous learning and improvement.
- The GP partners had informal case discussions with the long-term locum GP, but there was no formalised process to monitor and review the locum's clinical work.

We identified areas where the provider could make improvements and **should:**

- Review the system for monitoring and actioning of uncollected prescriptions.
- Ensure all incidents that are discussed and analysed are formally logged as significant events.
- Review the cleaning schedule to ensure all fittings and fixtures are included.
- Ensure all members of practice staff receive regular appraisals.
- Consider a formalised process to monitor and review the clinical work of locum clinicians.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Please refer to the detailed report and evidence table for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Pollard Row Practice

Pollard Row Practice is situated at 47 Pollard Row, London E2 6NA. The practice provides NHS primary care services to approximately 4819 patients living in and around the Bethnal Green area of East London. 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 37 GP practices split into eight networks. Pollard Row Practice is part of a network with four other neighbouring practices.

The practice provides a number of enhanced services (schemes that commissioners are required to establish or to offer contractors the opportunity to provide linked to national priorities and agreements) including learning disabilities and dementia.

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 has a large working-age population (72%).

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; and treatment of disease, disorder or injury.

The practice staff comprises two male GP partners (seven clinical sessions each per week), one female long-term locum GP (three sessions per week), a practice nurse (seven sessions per week), a healthcare assistant (three sessions per week), a practice manager, a practice supervisor, two administrators and five receptionists.

The practice is open between 8am and 8pm Monday, Tuesday, Wednesday and Friday and until 1pm on Thursday. Face to face appointments are available at the following times:

- Monday 8am to 12pm and 2pm to 7.30pm;
- Tuesday 8am to 12pm, 2pm to 5pm and 5.30pm to 7.30pm;
- Wednesday 8am to 12pm and 1pm to 7.30pm;
- Thursday 8am to 12pm;
- Friday 8am to 2pm and 4.30pm to 7.30pm.

When the practice is closed, out of hours services are accessed through the Tower Hamlets out of hours service or NHS 111. Patients can also access extended hours appointments through several hub practices within Tower Hamlets.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- All staff had received an appropriate Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Non-clinical staff who acted as chaperones were trained for their role and we saw posters in reception and in consultation rooms advising patients of the availability of chaperones.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and medical equipment were safe and in good working order. We saw evidence that the practice had booked portable appliance testing of electronic equipment to be completed on 29 November 2018.
- The practice had not completed a legionella risk assessment (legionella is a term for particular bacteria which can contaminate water systems in buildings); this is because the practice shared a building with a care home and the water tanks for the whole premises were located in the care home, not in the practice. The practice kept a log which documented the regular running of water taps in their part of the building to reduce the risk of legionella bacteria developing in stagnant water. We saw evidence the practice had requested that the care home provide a copy of the most recent legionella risk assessment.
- Arrangements for managing waste and clinical specimens kept people safe, although the cleaning

schedules did not include how often the window blinds should be cleaned and the blind in one of the consultation rooms was visibly stained. The practice told us that new blinds would be purchased and the cleaning of blinds would be included in the cleaning schedule.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system and information available for locum staff.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Clinicians knew how to identify and manage patients with severe infections including sepsis. The practice did not have a paediatric pulse oximeter to assist in the diagnosis of sepsis in children, however on the day of inspection the practice provided evidence that paediatric pulse oximeters had been ordered.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines, except in relation to the monitoring of uncollected prescriptions.

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- There were effective protocols for verifying the identity of patients for online consultations and requests.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- However, we checked the uncollected prescriptions box and found two prescriptions from September 2018 which had not been collected; one was for Tramadol (a painkiller which is a controlled drug) and the other for Citalopram (an antidepressant). Following the inspection, the practice sent us an updated prescription security protocol which identified staff responsible for checking the prescriptions box and a process to follow for uncollected prescriptions.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. However, practice staff told us about two incidents that had occurred which, although had been dealt with appropriately and the learning discussed and analysed, had not been formally recorded as significant events.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence table for further information.

Are services effective?

We rated the practice, and all of the population groups, as good for providing effective services overall.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used technology and equipment to improve treatment and to support patients' independence. For example, online consulting and patient requests were available, as were ambulatory blood pressure machines which patients could wear for 24 hours rather than be referred to hospital for this service.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Patients aged over 75 were invited for an annual health check. The practice had 94 patients aged over 75, and 67% of these patients had received an annual health check in the last 12 months.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had structured regular reviews to check their health and medicines

needs were being met. For patients with the most complex needs, the GPs worked with other health and care professionals to deliver a coordinated package of care.

- The practice worked with other GP practices within its local network as part of the integrated care enhanced service. The practice was the only one in its network to achieve the local controlled HbA1c (average blood glucose levels) target in April 2018 for patients with diabetes.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for chronic diseases.
- The practice monitored the number of prescriptions issued for inhalers for asthma patients.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated or referred as appropriate.
- The practice's performance on quality indicators for long term conditions was in line with national averages.

Families, children and young people:

- The practice's childhood immunisation uptake rates for 1 April 2017 to 31 March 2018 were below the target percentage of 90% or above. The practice was aware of this and attended a meeting in November 2018 with the other GP practices its local network to discuss falling child immunisation rates; following the meeting changes were made to how call and recall of patients will be completed, including closer working with Health Visitors to try and increase the uptake rates.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice ran a dedicated post-natal care clinic once per week.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening from April 2016 to March 2017 was 67%, which was below the 80%

Are services effective?

coverage target for the national screening programme. The practice showed us current data which demonstrated they were meeting the local CCG target of 80% update rate.

- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances. There were 24 patients on this register and 46% had received an annual health check in the last 12 months.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice made referrals for social prescribing clinic where appropriate.

People experiencing poor mental health (including people with dementia):

- The practice had a high prevalence of patients with anxiety, depression, and poor mental health (15% of the patient list had one or more of these conditions).
- The practice assessed and monitored the physical health of people with mental illness.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe, including urgent referrals to the designated consultant psychiatrist or community psychologist.
- One of the GP partners had a GP with a Special Interest (GPwSI) accreditation in substance misuse, and the practice ran a weekly clinic for patients prescribed Methadone.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Some practice staff members had trained as Dementia Friends Champions (Dementia Friends Champions are trained volunteers who encourage others to learn about dementia and run information sessions in their community).

- The practice offered annual health checks to patients experiencing poor mental health, including patients diagnosed with dementia. The practice had 125 patients on this register and 81% had received an annual health check in the last 12 months.
- The practice's performance on quality indicators for mental health was in line with national averages.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

- The most recently published Quality Outcome Framework (QOF) results were 98% of the total number of points available, compared with the CCG average of 90% and national average of 96% (QOF is a system intended to improve the quality of general practice and reward good practice).
- The overall exception reporting rate was 4.6%, which was in line with the local average of 4.5% and below the national average of 5.8% (exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Are services effective?

- The practice provided staff with ongoing support, including informal discussions, meetings and annual appraisals (although the practice manager had not had an appraisal). There was an induction programme for new staff.
- There was an approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff helped patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- The practice ran a smoking cessation clinic once a week.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Please refer to the evidence table for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was generally positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure patients and their carers can access and understand the information that they are given).

- Staff communicated with people in a way that they could understand, for example, communication aids were available.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.

Please refer to the evidence table for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs, and took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations and online requests were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice's GP patient survey results were in line with local and national averages for questions relating to responding to patients' needs.

Older people:

- All patients had a named GP who supported them.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice worked closely with five sheltered/residential care homes in the local area and the GPs made visits to these homes.

People with long-term conditions:

- Patients with a long-term condition received regular reviews to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment.
- The practice attended regular multidisciplinary meetings to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Children under the age of 18 were offered a same day appointment when necessary.
- The practice ran a dedicated post-natal care clinic once per week.
- The practice had hosted cardiopulmonary resuscitation (CPR) training sessions for young mothers.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, later opening hours until 8pm four days per week, text messages for appointment management and reminders, and online consultations and requests.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- Appointment requests from vulnerable patients were prioritised, and the practice offered longer appointments for patients with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Some practice staff members had trained as Dementia Friends Champions.
- One of the GP partners had a GP with a Special Interest (GPwSI) accreditation in substance misuse, and the practice ran a weekly clinic for patients prescribed Methadone.
- The practice was involved in multidisciplinary meetings which discussed patients experiencing poor mental health.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

Are services responsive to people's needs?

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. The practice learned lessons from concerns and complaints. It acted as a result to improve the quality of care.

Please refer to the evidence table for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care, although there was no formal oversight from leaders of locum clinician's clinical work.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable and worked closely with staff and others.
- The partner GPs had informal case discussions with the long-term locum GP, however there was no formalised system to monitor or peer-review the locum GP's clinical work, for example through documented consultation reviews and feedback.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing staff with the development they needed. This included appraisal and career development conversations. All staff, except for the practice manager, had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff.
- The practice promoted equality and diversity and staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding, significant events, and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and patient feedback.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The practice used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Please refer to the evidence table for further information.