

# The Blithehale Medical Centre

## Quality Report

22 Dunbridge Street  
London E2 6JA  
Tel: 020 7739 5497  
[www.blithehalemedicalcentre.nhs.uk](http://www.blithehalemedicalcentre.nhs.uk)

Date of inspection visit: 07 June 2016  
Date of publication: 12/07/2016

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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to The Blithehale Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Blithehale Medical Centre on 07 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider had recognised shortfalls in its recruitment records and infection control systems and was addressing these as part of a review of its governance systems.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice ran an after school club with a local primary school promoting healthy lifestyles. The practice had recently won an innovation grant to build on this work and develop a health literacy curriculum with the school. The World Health Organisation defines health literacy as 'the personal characteristics

# Summary of findings

and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health’.

The areas where the provider should make improvement are:

- Put arrangements in place to audit the practice’s infection prevention and control systems and processes on an annual basis.
- Put systems in place to make available all information required in respect of each person employed by the service.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. It had reviewed these systems and was making improvements around recruitment records and infection control audit.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## 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 hosted one of the two hubs in the borough providing evening and weekend GP and health care assistant appointments to Tower Hamlets patients.
- The practice had increased its standard appointment slot from 10 minutes to 12 minutes to meet patients' needs better.
- 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.
- A range of services were available on site including phlebotomy, spirometry and minor surgery. One of the partners was a GP with a special interest in musculoskeletal medicine.
- There were designated appointments where a Bengali health advocate was available and each GP had at least one Bengali clinic a week.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care, promote good outcomes for patients, and improve the patient experience. This was reflected in how staff went about their work and the projects and innovations the practice was involved in.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider kept governance systems under review and was addressing the shortfalls it had identified in its recruitment records and infection control audit systems.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Continuity of care was assured by each older person and housebound person having a named GP who was the first port of call when these patients needed to be seen.

### People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of avoidable hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Appointments with diabetes advisors and cardiovascular specialists were available at the practice.
- The practice ran regular anti-coagulation clinics.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.

# Summary of findings

- Immunisation rates for children aged 12 months were high, exceeding 90%.
- The percentage of women aged 25-64 who had a cervical screening test performed in the preceding 5 years was 80%, which was similar to the England average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. There were baby change facilities and a separate breast feeding room.
- We saw positive examples of joint working with health visitors and with a local primary school, where the practice ran a weekly after school club that focused on health promotion and education.
- The practice was 'You're Welcome' accredited which means it was meeting the Department of Health quality criteria for young people friendly health services.

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

Good 

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

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

## People whose circumstances may make them vulnerable

Good 

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.



# Summary of findings

- A benefits advisor came in to the practice once a week to assist patients.
- There were designated GP and nurse appointments where a Bengali speaking advocate was available.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations, and worked with local charities for example to provide dietary advice and exercise sessions with Bengali patients.
- An alcohol advisor from the local alcohol service ran weekly clinics at the practice.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 92% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The practice's patient outcomes for mental health indicators were comparable with national averages. 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 83%
  - Whose alcohol consumption has been recorded in the preceding 12 month was 95% (CCG 89%, England 90%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.

# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A mental health nurse offered weekly clinics at the practice and a psychologist was on site once a week to offer initial assessments. Cognitive behavioural therapists (CBT) ran regular Managing Stress courses at the practice.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and fourteen survey forms were distributed and 79 were returned. This gave a response rate of 19% and represented 0.7% of the practice's patient list.

- 78% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. Patients commended staff for their professionalism and kindness and said the quality of service was very high.

We spoke with 13 patients during the inspection. Most said they were highly satisfied with the care they received and that staff were good at their jobs. Where patients had raised concerns they said the practice had given them a thorough and considered response and / or had taken timely remedial action. One hundred percent of patients would recommend this practice in the Friends and Family Test. This result was based on 10 responses.

# The Blithehale Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP Specialist Adviser and an Expert by Experience.

## Background to The Blithehale Medical Centre

The Blithehale Medical Centre is located in Bethnal Green in east London. It is one of the 36 member GP practices in NHS Tower Hamlets CCG which are organised into eight commissioning networks. The Blithehale Medical Centre is one of the five practices making up the East End Health Network. Practices within a network work together and with other local services and providers to improve the health and wellbeing of their patients.

Tower Hamlets is ethnically diverse with around half the population comprising of Black and Minority Ethnic groups. The largest of these is the Bangladeshi community (33%). The practice is located in the second more deprived decile of areas in England. At 75 years, male life expectancy is less than the England average of 79 years. At 83 years, female life expectancy is less than the England average of 83 years.

The practice has approximately 10,900 registered patients and is growing. It has few patients aged 45 years and above compared with the England average, and very many more in the 20 to 34 years age range. Services are provided by

The Blithehale Medical Centre partnership under a Personal Medical Services (PMS) contract with NHS England. The partnership is made up of three GPs and one nurse practitioner.

The practice is in purpose built health care premises managed by NHS Property Services. It occupies the ground floor of the building and the premises are Disability Discrimination Act (DDA) compliant. The practice has eight consulting rooms, four treatment rooms and three interview rooms. On street pay and display car parking is nearby.

The three GP partners together with five salaried GPs provide the equivalent of five whole time GPs. There are four female and four male GPs. There is one part time nurse practitioner (16-24 hours per week), one part time practice nurse (25-35 hours per week), and two part time health care assistants (working 25-35 hours and 16-24 hours per week). The practice is employing a phlebotomist for two half days a week. There is a team of reception and secretarial staff led by a senior receptionist, assistant practice manager and practice manager.

The practice is an accredited GP training practice and two of the GP partners are approved trainers. There were two GP in training doctors attached to the practice at the time of our visit. Some of the GPs working at the practice had completed their GP training at the practice.

The practice's opening times are:

- 8.00am to 8.00pm Monday and Tuesday.
- 8.00am to 6.00pm Wednesday to Friday.

# Detailed findings

Telephone lines are closed between 12.30pm and 2.00pm every Tuesday and on the first Monday of the month. Calls are put through to an out of hours GP service during these times and when the practice is closed.

Appointments are available between the following times

- 9.00am to 12.00pm and 2.30pm to 8.00pm on Monday and Tuesday.
- 9.00am to 12.00pm and 2.30pm to 6.00pm on Wednesday and Thursday.
- 8.30am to 12.00pm and 2.30pm to 6.00pm on Friday.

Appointments are also available at the practice at the weekend under GP hub arrangements in Tower Hamlets.

The Blithedale Medical Centre is registered with the Care Quality Commission to carry on the following regulated activities 22 Dunbridge Street, London E2 6JA: Diagnostic and screening procedures; Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

## Why we carried out this inspection

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

We had not inspected this practice before.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 07 June 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, and members of the reception team and managers) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident reporting system supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed incident reports and minutes of meetings where these and other safety information such as patient safety alerts were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example the arrangements for requesting reception staff to book patients in for their review were reviewed and strengthened to reduce the risk of such tasks being missed.

### Overview of safety systems and processes

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

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

received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nursing staff were trained to at least level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. Cleaning schedules were in place and clinical waste was managed appropriately. Staff had received up to date training and the immunisation status of staff at risk of occupational exposure to blood-borne viruses was managed. The practice's annual infection control audit was overdue however. A new clinical lead for infection control was in place and was dealing with this. The last infection control audit was undertaken in February 2014 and the practice had carried out the few improvement actions arising from this audit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were not used and blank prescription forms were stored securely. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found they did not all contain all the information required to be available in respect of each person employed by the

## Are services safe?

service, for example proof of identity including a recent photograph and satisfactory evidence of conduct in previous employment. The provider was aware of the shortfall and had revised its recruitment policy and procedures to prevent this from happening again. There was a robust system for determining when a Disclosure and Barring Service (DBS) check should be completed for a particular role. Accordingly, most staff had received a DBS check. The provider carried medical indemnity insurance for staff employed by the service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and the fire alarm was tested regularly. Staff acting as fire marshals and fire warden had completed training for their roles and staff told us they had carried out fire drills, however we could find no record of fire drills in the fire safety folder. The provider undertook to remedy this. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We found a pulse oximeter in the resuscitation trolley that had been missed from the recent medical equipment service visit. It was immediately replaced and the provider undertook to amend the emergency medicines checklist to ensure equipment for medical emergencies was checked on a regular basis as well.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Control of substances hazardous to health risk assessments were also in place, and had been completed by NHS Property Services.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available. They were stored securely in one of the nurses' rooms and
- 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.
- 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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 96% of the total number of points available (CCG average 95%, England average 95%). Its clinical exception rate was 3.7% (CCG 6.1%, England 9.2%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The provider had investigated those few clinical domains where its exception reporting was higher than average, eg atrial fibrillation (practice 18.5%, CCG 13.7%, England 11.0%) but had found nothing untoward. Similarly, the provider had investigated the large variation in the ratio of reported versus expected prevalence for coronary heart disease amongst its patients and found nothing untoward (practice 0.45, CCG 0.54, England 0.71).

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 to national averages, for example the percentage of people with diabetes in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less was 83% (national average

78%), the percentage with a record of a foot examination and risk classification within the preceding 12 months was 88% (national average 88%), and the percentage who have had influenza immunisation in the preceding 1 August to 31 March was 90% (national average 94%).

- Performance for mental health related indicators was comparable to the national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 84% (national average 88%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face meeting in the preceding 12 months was 92% (national average 84%).

There was evidence of quality improvement including clinical audit.

- There had been 18 clinical audits carried out in the two years prior to our visit. One of these was a completed audit where the improvements made were implemented and monitored. The audit considered the prescribing of antibiotics for respiratory tract infections in low risk patients aged one to 65 years without significant chronic disease in a three month period in February 2015, and again in August 2015. The second cycle showed that three of the six prescribers reviewed in both periods had reduced the proportion of antibiotic prescriptions that probably could have been avoided in line with NICE guidance; two had increased the proportion; and one had continued to not have prescribed any antibiotics that probably could have been avoided. Learning points were identified and disseminated to prescribers to support improvement further.
- The practice participated in local audits and benchmarking.
- Findings were used by the practice to improve services. For example, recent action taken as a result included recruiting additional receptionists to work during the busiest times following a telephone calls audit.

Information about patients' outcomes was used to make improvements: for example the practice had started offering the calprotectin test and had carried out an audit



# Are services effective?

## (for example, treatment is effective)

to find out how effective it the service was. (The calprotectin test is used to detect inflammation in the intestines as found for example in people with inflammatory bowel disease.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example for those reviewing patients with long-term conditions. The CCG had provided all practices in Tower Hamlets with a suite of e-learning courses and staff at the practice were working through those modules that were relevant to their role.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs, to cover the scope of their work, and to develop themselves professionally. This included ongoing support, one-to-one meetings, clinical and practice meetings, clinical supervision, and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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

### 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 nurse worked with the patient's carer to make a decision about treatment in the best interests of the patients.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service, for example the specialist diabetes clinic in Tower Hamlets.
- An alcohol worker, a benefits adviser, a dietician and a psychologist provided services at the practice, each visiting once a week.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% and the national average of 82%. Robust call and recall systems were in place and the practice had recently

## Are services effective? (for example, treatment is effective)

reviewed and strengthened its systems for ensuring results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice 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 and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 96%, and from 60% to 97.5% for five year olds.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients 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 seven patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 85% of patients said the GP gave them enough time (CCG 80%, national 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG 80%, national 95%).
- 79% of patients said the last GP they spoke to was good at treating them with care and concern (CCG 79%, national 85%).

- 81% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG 81%, national 91%).
- 84% of patients said they found the receptionists at the practice helpful (CCG 84%, national 87%).

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

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

Results from the national GP patient survey showed 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:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions (CCG 76%, national 82%).
- 76% of patients said the last nurse they saw was good at involving them in decisions (CCG 76%, national 85%).

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

- There were enough Bengali speaking reception staff to ensure there was one on duty most of the time, and there was a Bengali speaking GP.
- Bengali speaking advocates and interpreters were routinely available.
- Translation and interpreting services were available in other languages.

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

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. This information was not provided in community languages; however staff told us it was more effective to provide spoken information on request, and patients we spoke with were aware that interpreters were available.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 120 patients as

carers (1.1% of the practice list), and used the register to ensure carers under the age of 65 years were offered the flu immunisation. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or the practice sent them a sympathy card. Support was given where the family needed this, including advice about local bereavement counselling services.

# 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 hosted one of the two hubs in Tower Hamlets offering patients evening and weekend GP and health care assistant appointments.

- The practice offered extended opening hours to 8.00pm on Mondays and Tuesdays, and from 8.30am on Fridays for working patients who could not attend during normal opening hours.
- Appointments had been extended to 12 minutes for all patients and longer appointments were available for those who needed them, for example patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, including a dropped reception desk and a hearing loop, and translation services available.
- There were dedicated appointment slots when a Bengali-speaking advocate would be available to support the patient and doctor or nurse.
- The practice employed a phlebotomist two sessions a week which provided patients with a convenient and speedy service, and freed up health care assistants to complete other patient care.
- The practice had increased the number of receptionists to answer the phone during the busiest times and was investing in a new telephone system to better monitor telephone usage and improve patients' access to service by phone.

### Access to the service

The practice's opening times were:

- 8.00am to 8.00pm Monday and Tuesday.
- 8.00am to 6.00pm Wednesday to Friday.

Telephone lines were closed between 12.30pm and 2.00pm every Tuesday and on the first Monday of the month. During these times and when the practice was closed calls were put through to an out of hours GP service.

Appointments were from:

- 9.00am to 12.00pm and 2.30pm to 8.00pm on Monday and Tuesday.
- 9.00am to 12.00pm and 2.30pm to 6.00pm on Wednesday and Thursday.
- 8.30am to 12.00pm and 2.30pm to 6.00pm on Friday.

Pre-bookable appointments were available 48 hours and up to two weeks in advance. Same day appointments, and telephone and online consultations were also available.

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

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 78% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available in the reception area, including leaflets and a poster, to help patients understand the complaints system.

We looked at two complaints received in the last 12 months. They had been handled satisfactorily and in a timely way, and the practice had responded in an open and

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

transparent way. Lessons were learnt from individual complaints and complaints were also analysed for any trends. Action was taken to as a result to improve the quality of care, for example the practice had changed its procedure for MRI referrals, sending the referral through to

the MRI service by email instead of fax and making sure patients knew when they should have heard from the MRI service for an appointment so they could follow up if necessary.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The provider had a clear vision to deliver high quality care, promote good outcomes for patients and improve the patient experience. It sought to increase capacity to meet the increasing demand on its services as a GP practice and as a member of the Tower Hamlets GP Care Group. One of the GP partners was a Board Director of the Care Group, which in 2015, together with other health and care partners, became the first multispecialty community provider (MCP) vanguard in London. The aim of the vanguard is to develop specialist care in the community setting outside of hospital.

The Tower Hamlets GP Care Group had a clearly articulated mission, vision and values which we saw reflected in the work of the practice. For example, innovative working and promoting healthy lifestyles and self-care was demonstrated through the after school club run by the practice with a local primary school. The practice had recently won an innovation grant from the vanguard to work with the school to develop a health literacy curriculum. The World Health Organisation defines health literacy as 'the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health. Working to provide holistic services was demonstrated through collaboration with a local art gallery where art was exhibited around the practice and the exhibition was organised by people training to be curators.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff and implemented
- A comprehensive understanding of the performance of the practice was maintained

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted an away day had been held to bring the whole practice together to take stock, review systems and processes, agree changes, and plan for the future.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

# Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had been re-established in recent months and was meeting regularly. It was concerned to increase its membership and to improve its representativeness of the practice's patient list. The practice had carried out a patient survey to raise awareness of the PPG and find out when it would be convenient for people to come to a meeting. The survey also asked patients about how they had booked their appointment and how easy they had found the process. Action plans had been developed in response to the survey findings.

- The practice had gathered feedback from staff through an away day and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. An example of how the practice had listened to staff included changing reception staffing levels throughout during the day in response to feedback from them about the busiest periods.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice hosted one of the two pilot GP hubs in the borough providing evening and weekend GP and health care assistant appointments to Tower Hamlets residents.