AK Rana

Quality Report

5 Merchant Street
London E3 4LJ
Tel: 020 8980 3676
Website: www.merchanstreet.nhs.uk

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

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Merchant Street Practice on Thursday 14 January 2016. Overall the practice is rated as good.

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

- Some risks to patients were assessed and well managed. However, systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe.
- The practice had a number of policies and procedures to govern activity.
- The practice had a ramp for disabled access but did not have toilet facilities for disabled people or a baby changing area.
- 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 or next day.
- 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 was aware of and complied with the requirements of the Duty of Candour.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

The areas where the provider must make improvements are:

- carry out annual assessment of the risks related to the safe use of electrical equipment, infection prevention and control, fire safety, and legionella.

Summary of findings

The areas where the provider should make improvements are:

- The practice should meet patient's access needs for disabled toilet and baby changing facilities or carry out a Disability Access Audit.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- The practice should complete weekly cleaning schedules.
- The practice should review their policies and procedures to ensure the security and tracking of blank prescriptions at all times.

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?

Requires improvement

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.
- We found that not all clinical staff had up to date DBS checks.
- The practice was clean and tidy, however there was a lack of systems and policies and process to address the infection control risks.
- The practice had adequate arrangements in place to respond to emergencies and major incidences.
- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- There was evidence of appraisals and personal development plans for some clinical and non-clinical staff.
- There were no processes for monitoring consent through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice comparable to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect by the majority of staff . They said 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.

Are services responsive to people's needs?

Good

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.
- 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 or next day.
- 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?

Good

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

- The practice had a number of policies and procedures to govern activity however not all had documented dates of last review.
- All staff had received induction and attended staff meetings regularly, but four staff (clinical and non-clinical) out of 14 did not have an up to date appraisal in the last 12 months.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 was responsive to the needs of older patients, and offered home visits, urgent appointments and longer appointments for those with enhanced needs.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in end of life care.
- All elderly patients had a named GP of their choice and the practice offered proactive, personalised care to meet the needs of this population.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 76%, this was above the CCG (72%) and national averages (73%).

People with long term conditions

Good

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice offered a range of enhanced services to people with long term conditions. This included clinics for diabetes, asthma and anti-coagulation clinics.
- Patients with a long term condition 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.
- The practice was committed to improving performance and had a dedicated diabetes clinic to improve outcomes for patients. Performance for diabetes related indicators were better than the national average. For example, patients with diabetes had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 83% compared with a national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 92% compared with a national average of 88%.

Summary of findings

- The practice had improved their Chronic Obstructive Pulmonary Disease prevalence and increased by 13% since April 2015.
- Longer appointments, home visits and email consultations were available when needed.

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, for example, children and young people who had a not attended hospital appointments would be contacted by telephone or letter. The practice had multi-disciplinary meetings every three months with the health visitor, midwives and school nurses to review children on the safeguarding register.
- Immunisation rates for the standard childhood immunisations were good and the BCG vaccination uptake was 95% in 2015 (CCG target was 90%).
- Appointments were available outside of school hours and the premises were suitable for children. However there were no baby changing facilities.
- The practice's uptake for the cervical screening programme was 75% which was comparable to the national average of 82%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice had a designated GP who leads in sexual health and family planning, who could offer a wide range of services and the practice had been accredited as a Welcome Centre for Sexual Health.

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. For example, the practice opened for three Saturdays every month between 10am and 12pm and had late night appointments on Monday between 6.30pm and 7.30pm with the practice nurse.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Patients could request prescriptions and book appointments online, on the telephone and via email.
- The practice ran a drop in clinic for blood pressure checks, blood tests and sexual health screening.

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 with a learning disability and offered longer appointments when required. It had carried out annual health checks for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 85% of patients diagnosed with dementia who 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%.
- 86% of patients with mental health conditions who had had a comprehensive, agreed care plan documented in their records in the last 12 months, which was comparable to the national average of 86%
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 458 survey forms were distributed and 80 were returned. This represented a response rate of 17.5%.

- 73.3% found it easy to get through to this surgery by phone compared to a CCG average of 67.6% and a national average of 73.3%.
- 75.8% were able to get an appointment to see or speak to someone the last time they tried (CCG average 78.5%, national average 85.2%).
- 75.6% described the overall experience of their GP surgery as fairly good or very good (CCG average 77.2%, national average 84.8%).
- 60.4% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71.8%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 28 comment cards of which 23 were positive about the standard of care received. Patients commented on the good service, safe and hygienic environment. They also said that staff were very understanding and supportive. Five patient cards commented on the difficulty in getting through to the practice phone lines and booking appointments.

We spoke with eight patients during the inspection. All eight patients said they were happy with the care they received and thought staff were approachable, committed and caring. However, all patients told us that it was not always easy to get an appointment over the phone. Patients phoning the practice in the morning to make appointments, found the phones engaged for long periods. Patients said that they would come to the practice to make an appointment. Patients told us they found a member of the reception staff could be difficult and abrupt at times. Staff were not aware of this and patients did not feel comfortable in raising this concern with the practice.

AK Rana

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 nurse specialist adviser.

Background to AK Rana

Dr A K Rana, Merchant Street Practice is located in a residential area of Tower Hamlets. It provides primary medical services to approximately 5,347 patients. The practice also provides care and treatment for a hostel and a care home for patients with chronic mental health. The practice holds a General Medical Services (GMS) contract and is commissioned by the NHSE London. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury. Services are provided from the location of Merchant Street Health Centre, 5 Merchant Street, Bow, London E3 4LJ.

The practice is staffed by two GP partners and two salaried GPs, one male and three females. They provide 27 GP sessions cumulatively every week. The practice employs one female practice nurse, one male and one female healthcare assistant, six female administrative staff, one practice manager and one deputy practice manager. It is a teaching and training practice supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs. The practice has one male GP registrar. There are two GP trainers.

The practice is open between 8.00am and 6.30pm Monday, Tuesday, Wednesday and Friday. On Thursday the practice is open between 8.00am and 1.00pm. The surgery is closed Monday and Wednesday between 1.00pm and 2.00pm for lunch. Appointments are from 9.30am to 12.30pm every morning and 3.30pm to 6pm daily. Extended surgery hours are offered on Monday between 6.30pm and 7.30pm and on three Saturdays every month between 10am and 12.30pm. Appointments can be booked over the phone, in person or online. The out of hours services are provided by an alternative provider, Tower Hamlets Out of Hours service and the details of the service is displayed on the practice leaflet and accessed by calling the practice number.

The practice has a higher than average population of patients aged 20 to 39 years when compared to national average. The male life expectancy is one year less than the CCG average and three years less than CCG average for female patients. The number of patients suffering income deprivation is higher than the national average.

The practice provides a number of services for its patients including, cervical smears, sexual health clinic, dressings and removal of stiches, phlebotomy, anti-coagulation clinic and new patient health checks.

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.

Detailed findings

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 14 January 2016. During our visit we:

- Spoke with a range of staff (clinical and non-clinical) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

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 the practice manager would complete all necessary documentation.
- The practice carried out a thorough analysis of the significant events.

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, we saw there had been a recent incident where a patient's two week wait cancer referral had been lost. When it was brought to the attention of the staff, the practice investigated the event and implemented a new failsafe system. This ensured that two week wait cancer referrals were followed up in a timely manner by a lead administrator weekly. All staff were advised of the changes and we saw evidence of this in the monthly meeting minutes.

When there were unintended or unexpected safety incidents, we saw evidence that 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.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however some areas required improvements to be made:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details of the agencies were kept in folder called the "Practice Handbook" at the reception desk and on a flow chart in all consultation and treatment rooms. There was a lead GP for safeguarding children and another for safeguarding adults. The GPs attended safeguarding meetings and always provided reports or referrals where necessary for other agencies. For example, we saw the practice actively referred vulnerable adults to a local social prescribing service, who helped with housing benefits and financial advice as well as offer counselling and befriending services. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All clinicians were trained to Safeguarding level 3 and non-clinical staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. Nurse and healthcare assistants acted as chaperones. They were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS If nursing staff were not available to act as a chaperone, administrative staff had been asked to carry out this role. They had received in house and online chaperone training and all staff we spoke with appeared to understand their responsibility when acting as a chaperone, including where to stand to be able to observe an examination. These staff also had appropriate DBS checks.
- We observed the premises to be clean and tidy. The practice nurse was the Infection Control lead. There was an infection control protocol in place and staff had received up to date training. However the practice had not carried out an annual infection control audit, the last audit was carried out in March 2014. Seven actions to be completed had been identified from the last audit. We saw some evidence of actions being completed, however these were not recorded. There was a cleaning policy, which outlined the areas of the practice to be cleaned. However, the cleaning cupboard was in a poor state of repair, for example there was plaster falling off the walls and the mops were left wet posing an infection risk.
- Mobile medical screens were cleaned every three months. Minor surgery and IUD fittings were carried out throughout the week in the treatment room. No risk assessment had been carried out to assess the frequency of cleaning or changing the screens in the treatment rooms. The nurse told us that she cleaned the treatment rooms regularly but there was no record of this in a weekly cleaning schedule. There were notices for hand hygiene techniques and needle stick injury. All sharps bins were correctly assembled and labelled.

Clinical waste was stored in a secure and locked room and collected weekly. Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and there was spill kit that all staff new the location of.

- There were some arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We saw records to confirm that temperature checks of the fridges were carried out twice a day as outlined in the practices fridge policy. Expired and unwanted medicines were disposed of in line with the waste regulations.
- Prescription pads were securely stored however there were no systems in place to monitor and record blank prescriptions.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw evidence of all PGDs the nurse worked under these were signed and dated by the required persons.
- We reviewed 14 personnel files and found 12 staff had appropriate recruitment checks prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. We found one GP did not have the appropriate DBS check. Since inspection we have seen evidence of new DBS application being made for this GP.
- There were 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 well managed.

- There were some 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 corridors which identified local health and safety representatives. The practice had carried out a fire risk assessment in May 2014, which also detailed actions that needed to be carried out by the practice. The provider told us they had completed some of the actions, however there was no record of these actions being implemented. There were no Portable Appliance Testing carried out of electrical equipment to ensure the equipment was safe to use. Clinical equipment was checked to ensure it was working properly and we saw evidence of Calibration testing in July 2015. The practice had carried out a Legionella Risk Assessment in February 2014. There were risks identified in the assessment and the provider told us that some actions had been completed. However we did not see evidence of actions taken being recorded. They had an electrical, heating & gas certificate from February 2014 and the practice informed us that this was checked again on 7th January 2016 and were awaiting the certificate.
- 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. Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness.

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. We saw evidence of meeting minutes where staff were reminded when to use this and what button to press on the system.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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 all staff.

Good

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. Clinical staff attended the practices own Journal Club once a month where new guidelines were disseminated. We saw evidence of new guidance being shared in clinical meeting minutes.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records. For example, the practice appointed a named administrator lead for safeguarding children. The practice had carried out a two cycle audit on Safeguarding Children: Hospital Appointments Non Attendance (NA) and found that not all paediatric hospital NAs were being recorded correctly and as a result children on the risk register were not being followed up. The newly appointed lead and the clinical team followed the NA protocol and found that they improved coding and followed up paediatric NAs by 62.5%. The practice understood that they needed to continue work on this and make further improvements to safeguard children.

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 97.5% of the total number of points available, with 7.3% 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 similar to the CCG and national average. For example, the percentage of patients with a record of a foot examination and risk classification within the preceding 12 months was 92.9% compared to 88.3% national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 88.5% compared to 83.6% national average.
- Performance for mental health related indicators was similar to the CCG and national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 86.3% compared to 88.5% national average.

  Performance of reported prevalence for Chronic Obstructive Pulmonary Disease (COPD) was low compared to national average. The practice told us that they relied on patients being diagnosed in hospital and then patients were followed up by the practice nurse. As of November 2015 the practice nurse was trained on diagnostic Spirometry and therefore able to invite patients into the practice rather than referring to the hospital. As a result the practice COPD prevalence has increased by 13% since April 2015.

  Clinical audits demonstrated quality improvement.
- There had been eight clinical audits completed in the last three years. We saw four examples of completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, the practice carried out a mandatory review of Antibiotic Prescribing, as part of the CCG improvement scheme. As a result the practice was able to improve and change their prescribing habits for pregnant patients in line with the CCG requirements.

Good

Are services effective?

(for example, treatment is effective)

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. It covered such topics as fire safety, health and safety and confidentiality. We spoke to a newly appointed staff who told us the induction process was comprehensive, and included shadowing appropriate practice staff, mentoring, assessment and in-house training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nurse told us about training she had attended and the clinical support she received, including Immunisation update and Spirometer update.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support during, appraisals, online training, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We reviewed 14 staff files and four staff did not have an appraisal in the last 12 months. We saw evidence of appraisals being booked in for these staff at the end of January 2016.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules. The GPs and nurses we spoke to told us they felt encouraged to take responsibility for their own learning and share knowledge with others in the practice.

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 was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence of palliative care records being shared with the Out of Hours service and district nurses. We saw evidence of multi-disciplinary team meeting minutes that took place on a monthly basis and child safeguarding meetings that took place every six weeks. The lead GP for mental health had meetings with the community mental health consultant every two months. We saw evidence of these meetings entered individually in patient's records.

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. We saw evidence of scanned in consent forms completed on patient records.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. We saw evidence of GPs using the Gillick or Fraser competency.

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.
- The nursing team could support patients with asthma and COPD, could conduct cervical smears, blood test and vaccinations. The nurse was undergoing extra training on administering BCG vaccinations in response to the high prevalence of TB (tuberculosis) in the Tower Hamlet area.

Good

Are services effective?

(for example, treatment is effective)

- The practice had set up a Walking Group, which allowed local patients to meet and walk together. Patients we spoke to on the day of inspection said this enabled them to keep active and make friends. One patient also said, the group was mainly Bengali women who would not feel comfortable walking alone normally and the group helped them to be part of the community.

The practice's uptake for the cervical screening programme was 75.3%, which was comparable to the CCG average of 79.3% and the national average of 81.8%. The administrator lead for cervical smears would phone or write reminders to 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 For patients with a learning disability a female clinician was available to complete the procedure.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, females screened for breast cancer in the last 36 months were 60.6% which was comparable to the CCG average 56.2%. We saw evidence of reminder letters for bowel and breast cancer screening sent by the practice to patients on their records.

Childhood immunisation rates for the vaccinations given were variable. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 58.6% to 98.3% and five year olds from 63.6% to 98.3%.

Flu vaccination rates for the over 65s were 76.2%, and at risk groups 62.2%. These were also comparable to national averages.

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.

Good

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.

- There were medical screens 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; however conversations taking place in these rooms could be over heard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs, and a privacy barrier had been introduced at the reception desk.

We received 28 patient Care Quality Commission comment cards. Twenty-three comments 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. Five comment cards raised concerns about not being able to speak to the practice on the phone and being held on the line for over 15 minutes. They also commented about not being able to book routine appointments within two to three weeks. Five comment cards mentioned that the reception team were generally helpful. However, they found a member of the reception staff could be difficult and abrupt at times.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We also spoke to six patients who highlighted that staff responded compassionately when they needed help and provided support when required. All eight patients highlighted their concerns about not being able to get through to the practice telephone line as well as having to regularly wait more than 15 minutes after their appointment time to be seen. Although three patients did mention that they were seen on time on the day of inspection. All patients we spoke to mentioned that a member of the reception staff could be difficult to communicate with at times. They did not feel comfortable raising this concern with the practice.

Results from the national GP patient survey from July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with doctors and nurses were similar to the CCG averages. For example

- 79% said the GP was good at listening to them compared to the CCG average of 85.1% and national average of 88.6%.
- 83.6% said the GP gave them enough time (CCG average 81.3%, national average 86.6%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 92.1%, national average 95.2%)
- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 78.2%, national average 85.1%).
- 81% said the last nurse they spoke to was good at treating them with care and concern (CCG average 81.2%, national average 90.4%).
- 78.1% said they found the receptionists at the practice helpful (CCG average 83.6%, national average 86.8%)

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:

- 75.5% 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%.

Good

Are services caring?

- 76.7% said the last GP they saw was good at involving them in decisions about their care (CCG average 76.4%, national average 81.4%)
- 80.8% said the last nurse they saw was good at involving them in decisions about their care (CCG average 75.7%, national average 84.8%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice also had a Bengali speaking advocate who came in every Monday and Friday mornings. Within the practice team staff could also speak additional local languages, including Hindi, Tamil, Urdu, Punjabi and Bengali.

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, for example there were posters and information leaflets in the waiting room on Tower Hamlets Sexual Health Services, diabetes information and Tower Hamlets Support Service for self-referrals.

The practice's computer system alerted GPs if a patient was also a career. The practice had identified 36 patients as carers on their practice list. The practice would identify carers during the registration process and sign post carers to the various avenues of support available to them. For example, we saw poster in the patient waiting room of the Tower Hamlet Carer Support group.

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

Good

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.

- The practice opened every Monday evening from 6.30pm to 7.30pm. The practice was open three Saturdays a month between 10.00am to 12.00pm. This was to assist the working population or those who were unable to attend during normal practice hours. They also offered online ordering of repeat prescriptions, online booking of appointments, online consultation forms and telephone consultations to speak with the GP or nurse.
- Patients over 75 years had a named GP to co-ordinate their care and are offered an annual health check and vaccinations such as Influenza and Pneumococcal. There was a register for older people who have complex needs, required additional support or were housebound and care plans were in place to ensure these patients and their families receive coordinated care and support. Home visits were available for older patients and nurses would carry out any necessary blood tests or vaccination in the patient's home.
- The practice ran a fortnightly baby clinic, which provided an opportunity for mothers to express any concerns that they may have with the health visitor. One GP ran six week baby and mother checks on the same day which allowed the GP to liaise regularly with the health visitor. On the day appointments were given to children when parents requested the child to be seen urgently. There was a midwife clinic at the practice every Friday morning and the GP held antenatal appointments at the same time. All new born babies were invited for a BCG immunisation on the first Tuesday of the month and non-attendants are discussed with the health visitor and local children centres. The practice has consistently achieved over 95% up take of BCG vaccinations since 2012.
- The practice has a walk in clinic for sexual health every Tuesday afternoon and had been accredited as a Welcome Centre for Sexual Health. A diabetic clinic was held two Thursdays a month by the Diabetic Specialist nurse from Mile End Hospital. Anti-coagulation clinics were run in house every Tuesday and Wednesday mornings by the GPs. The practice had in house minor surgery sessions every Tuesday morning, with the support of the practice nurse. The practice has family planning services that include intrauterine devices or coil fitting service for patients in the practice. This service was also available to patients from other practices in the local Network. Patients were able to receive travel vaccinations available on the NHS.
- There were longer appointments available for people with learning disabilities, long term conditions and in other situations where patients needed additional time due to their individual needs or circumstances. Patients could request for longer appointments at the time of booking. Same day appointments were available for patients who had no fixed abode or were travellers.
- The premise was accessible to patients with disabilities. Toilet facilities were available for patients attending the practice. However, there was no disabled access toilet or baby changing facilities and a Disability Disclosure Assessment had not been carried out by the practice. A hearing loop and translation services available.
- One reception staff trained patients on how to use health applications on the practice iPad in the reception area.

Access to the service

The practice was open between 8am and 6.30pm Monday, Tuesday, Wednesday and Friday. The practice was open between 8am and 1pm on Thursdays. Appointments were from 9.30am to 12.30pm every morning and 5.30pm to 6.00pm daily. The practice was closed on Monday and Wednesday between 1.00pm and 2.00pm for lunch. Extended surgery hours were offered on Monday between 6.30pm and 7.30pm on weekdays and three Saturdays a month between 10.00am and 12.00pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them within 24-48 hours. Patients also had access to Out of Hours service by calling the surgery number and then being connected to the Tower Hamlets Out of Hours service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

- 75.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.9% and national average of 74.9%.
- 73.3% patients said they could get through easily to the surgery by phone (CCG average 67.6%, national average 73.3%).
- 66% of patients said they would recommend this surgery to someone new in the area (CCG average 71.8%, national average 77.5%) and 92% of patients recommended this practice in the Friends and Family Test.

The practice provided a GP and nurse triage system for patients who requested an urgent appointment. The GP partners told us that all patients requesting a telephone consultation with their GP or a nurse would receive a call on the same day. Patients we spoke with indicated they were able to access 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.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system; on the practice leaflet and signs in the practice waiting room. Patients we spoke to on the day however were not aware of the complaints procedure and felt they this wasn't necessary as they had never needed to make a complaint about the practice.

We looked at seven complaints received in the last 12 months and found they were dealt in a timely way, in line with the practice complaints policy. The majority of the complaints related to the practice communication. Lessons were learnt from the concerns and complaints and action was taken to improve the quality of care as a result. For example, we saw a patient had complained about the surgery being closed at lunch time without any notice and therefore the patient could not access the practice services. The surgery promptly contacted the patient and apologised for the inconvenience and included the lunch time closing times on their website and practice leaflet.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and in the patients leaflet. We saw evidence of a practice workshop on Vision and Values held in December 2015. Not all staff attended and another work shop had been scheduled for a future date.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- The practice had a number of policies and procedures to govern their activities and these were available to all staff to access via the shared drive on any computer within the practice as well as in the practice handbook. We looked at eight policies and procedures and we found the recruitment policy wasn't always followed. For example the policy stated candidates would have to provide two references from previous/ recent employment however; we found a new member of staff had only provided one reference. The practice had completed an environmental risk assessment, however there was no record of the date of assessment or the next review date.
- One member of the management team explained that no legionella risk assessment had been undertaken whilst one of the partners said it had and was able to produce a supporting document.
- The practice had a comprehensive and up to date Business Continuity Plan accessible and available to all staff through the shared drive last updated January 2016.
- The practice had an understanding of their performance. They attended a monthly peer review meeting with other practices in their network and used the Quality and Outcomes Framework (QOF) to measure their performance, which showed they were performing in line with national standards. The practices influenza vaccination uptake was better than CCG and national average.
- We saw evidence of continuous clinical and internal audit which was used to monitor quality. For example, we saw evidence of an excisions procedures monitor that had been carried out between April 2014 and March 2015. The data showed that 95% of the patients did not have any complications with the procedure.
- The practice had a risk register for vulnerable adults and children and the staff we spoke to knew how to access this. The staff were also able to describe examples of abuse and who to report safeguarding concerns to.

Leadership and culture

The two GP partners in the practice had the experience, capacity and capability to run the practice and ensure a good standard of quality care. They prioritise compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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.

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

- Staff told us the practice held regular formal and informal meetings. The practice meeting was held once a month for all practice members.
- 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 in doing so and felt supported if they did.

Are services well-led?

Good

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, the reception staff told us that they had requested for a keyboard drawer to use as a work top at the reception desk. This allowed them to work with patient confidential information and put it away immediately when attending to patients at the reception desk.

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

The practice valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service through their PPG and Walking Group.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met every quarter and submitted proposals for improvements to the practice management team. For example, the PPG requested an increase in privacy at the reception desk. The practice introduced a privacy line for patients to stand behind.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For examples, reception staff told us that they had requested for an additional computer at the reception desk to improve efficiency with patients queries. The practice took the feedback and got a new computer for the reception desk. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and understood their population challenges and needs. They were working towards achieving 100% up take of BCG vaccination service and had trained their practice nurse to support in achieving 100% vaccinations of babies by April 2016. They had a Bengali speaking health advocate who attended the practice twice a week and patients could pre-book appointments with them about any health or social concerns. The practice encouraged their patients to take part in the Walking Group, the purpose of which supported patients to become healthy and socialise together.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. We found that the registered provider did not ensure that effective systems were in place to prevent, detect and control the risks in the environment or the spread of infections. There was a lack of the overarching governance to ensure risk assessment actions were carried out. This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.