St Stephens Health Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Stephen's Health Centre on 5 May 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. However, feedback from patients on the day of the inspection and from the national GP patient survey indicated some patients had difficulty getting through to the practice on the phone.
- 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 was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review the infection control audit and cleaning arrangements for the practice.

Summary of findings

- Monitor findings from the national GP patient survey in relation to getting through to the practice by phone.

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?

Good

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.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable 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.

Are services caring?

Good

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. For example, 90% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 79%; national average 85%) and 93% of patients said they found the receptionists at the practice helpful (CCG average 84%; national average of 87%).

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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. For example, the practice participated in a local health initiative which included care packages for patients with diabetes, hypertension and COPD (chronic obstructive pulmonary disease).
- Patients 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. However, feedback from several patients on the day of the inspection, and data for the national GP survey indicated some patients had difficulty getting through to the practice on the phone. The practice had taken some steps to address the finding.
- 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 good for being well-led.

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

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 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 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.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients who were on the avoidable admissions register and integrated care programme were given a separate number to call to enable them to get through to the practice quickly and by-pass the main line.
- The practice managed patients on the integrated care register in extended 30-minute appointments at the end of GP clinics.

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 hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 83% (national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 95% (national average 94%).
- The practice had exceeded its target for the management of diabetic patients in a local CCG-led initiative. For example, 95% had received a care plan (target range 60%-90%) and 81% had undertaken retinal screening (target range 70%-80%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice attended network MDT meetings with local consultants to discuss challenging cases.
- The practice had installed a 'Surgery Pod' in the waiting room. The Surgery Pod enabled patients to measure their own vital signs, including weight and blood pressure, and to answer lifestyle questions. The information gathered was integrated into the practice's clinical system.

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 high number of A&E attendances.
- The practice was involved in a local CCG initiative to offer and monitor the uptake of childhood immunisations. Data provided by the locality for the period 2014/2015 showed that childhood immunisation rates for the vaccinations given to under two year olds was between 95% and 98% % against a target of 95% and five year olds ranging from 91% to 98% against a target of 95%.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 79% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice provided a family planning, long-acting reversible contraceptive and sexual advice clinic.
- The practice referred into several health initiatives in Tower Hamlets which included Fit4Life (a physical activity, healthy eating and weight loss programme).
- The practice had piloted a 'cycling for health' project for patients with mental health or at risk of cardiovascular disease or diabetes.

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).

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice held an extended hours clinic on Monday from 6.30pm to 7.30pm, Tuesday and Wednesday from 6.30pm to 7pm and Thursday from 7.30am to 8.30am for patients who worked and were unable to attend during core hours. Out-of-hours access, which included Saturday and Sunday, was available through several hub practices in the CCG area.
- The practice was proactive in offering online services and patients could book and cancel appointments, request repeat prescriptions and update personal information through the practice website. The practice operated an automated text reminder system for appointments.
- The practice offered Web-GP (an e-consultation interface) accessible through its website.

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 homeless people, travellers and 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 and informed them 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.
- Staff members had undertaken Identification and Referral to Improve Safety (IRIS) training. This is a general practice based domestic violence and abuse (DVA) training, support and referral programme for primary care staff and provided care pathways for all adult patients living with abuse and their children.
- Several staff members had undertaken Female Genital Mutilation awareness training.

Summary of findings

- The practice had implemented the NHS England Accessible Information Standard, aimed to ensure disabled people had access to information they understood and any communication support needed.
- The practice was involved with a CCG pilot project with a local charity, Ability Bow, which supported patients with disabilities.

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).

- Performance for mental health-related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 85% (national average 88%).
- The percentage of patients diagnosed with dementia where care has been reviewed in a face-to-face review in the preceding 12 months was 80% (national average 84%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

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, apart from getting through to the practice by phone. Three hundred and ninety-six survey forms were distributed and 118 were returned. This represented a response rate of 30% and one per cent of the practice's patient list.

- 40% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 78%; national average 85%).
- 85% of patients described the overall experience of this GP practice as good (CCG average 76%; national average 85%).
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 71%; national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards and 20 contained positive views about the service experienced. Patients said they felt the practice was caring and compassionate and the staff are professional. Eight cards contained both positive and negative comments in which the negative comments related to getting through on the phone.

We spoke with 17 patients during the inspection. All 17 patients said they were happy with the care they received and thought staff were approachable, committed and caring. However, several patients told us it was difficult to get through on the phone at certain times.

Results of the Friends and Family Test (April 2015 to March 2016) showed 85% of patients were extremely likely or likely to recommend the practice. Four hundred and ninety cards were completed which represented approximately four per cent of the practice's patient list.

Areas for improvement

Action the service SHOULD take to improve

- Review the infection control audit and cleaning arrangements for the practice.
- Monitor findings from the national GP patient survey in relation to getting through to the practice by phone.

St Stephens Health 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, a practice nurse specialist adviser and an Expert by Experience.

Background to St Stephens Health Centre

St Stephen's Health Centre is situated in Bow Community Hall, William Place, London E3 5ED which is a purpose-built surgery with access to 22 consulting rooms. The building is shared with some community services which includes mental health liaison nurse, psychology team, substance misuse and alcohol advisors and health visitors. The practice provides NHS primary care services to approximately 12,900 patients living in the Bow area of Tower Hamlets through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is part of NHS Tower Hamlets Clinical Commissioning Group (CCG) which consists of 36 GP practices split into eight networks. St Stephen's Health Centre is part of the Bow Health Network which comprises of four other neighbouring practices.

The practice population is in the second most deprived decile in England. People living in more deprived areas tend to have a greater need for health services. The practice population of male and female patients between the age brackets 25 to 39 is higher than the national averages.

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

The practice staff comprises of five female and one male GP partner (totalling 37 clinical sessions per week), three female and two male salaried GPs (totalling 30 clinical sessions) and two full-time GP registrars. The clinical team is supported by four practice nurses and three healthcare assistants. The administration team comprises a practice manager, deputy practice manager and 15 administration/ reception staff.

The practice is a GP Registrar training practice and teaching practice for year one to five medical students from Queen Mary University and Westfield University. The practice is a super hub teaching practice. There is currently two GP registrars attached to the practice.

The practice supported a practice nurse from the 'Open Doors' practice nurse programme (an initiative set up in 2007 in response to practice nurse shortages in Tower Hamlets, the scheme recruits nurses from secondary care and provides them with practice nurse training and undertake secondment in general practices in the area).

The practice is open between 8.30am and 6.30pm Monday, Tuesday, Wednesday and Friday and from 8.30am to 1pm on Thursday. Extended surgery hours are offered on Monday from 6.30pm to 7.30pm, Tuesday and Wednesday from 6.30pm to 7pm and Thursday from 7.30am to 8.30am. Patients have access to GP, practice nurse and healthcare assistant appointments at the extended hours sessions. The practice operates a walk-in phlebotomy clinic on Saturday from 9am to 11am.

The practice participates in a local health initiative run by the CCG which includes care packages for patients with

diabetes, hypertension and COPD (chronic obstructive pulmonary disease). The practice also provides a number of directed enhanced services (schemes that commissioners are required to establish or to offer contractors the opportunity to provide linked to national priorities and agreements) including childhood immunisation, extended opening hours, learning disability health check scheme and avoiding unplanned admissions.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111. Patients can also access appointments out of hours through several hub practices within Tower Hamlets between 6.30pm and 8pm on weekdays and 8am to 8pm on weekends as part of the Prime Minister's Challenge Fund (the Challenge Fund was set up nationally in 2013 to stimulate innovative ways to improve access to primary care services).

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.

The practice had not been previously inspected.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 May 2016. During our visit we:

- Spoke with a range of staff (GP partners, salaried GP, GP registrar, practice nurses, healthcare assistants, practice manager, administration and reception staff) 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was a lead clinician and the practice carried out a thorough analysis of all significant events via a two-tiered system. All incidents were primarily discussed at a monthly clinical governance meeting, prioritised and information gathered. They were then analysed at a weekly clinical meeting where actions were then agreed and implemented. We saw evidence of minutes of meetings.
- The practice had recorded 10 significant events in last 12 months. For example, the practice reviewed its blank prescription storage and security procedure following a forged prescription incident. Although no blank prescriptions had been stolen from the practice, a risk assessment was undertaken and resulted in prescription printers in the clinical rooms being fitted with locks. The practice shared the information with appropriate external bodies who alerted other practices to be vigilant.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had acted upon a Medicines and Healthcare Products Regulatory Agency (MHRA) alert regarding the efficacy of GlucoMen LX sensor test strips (used to monitor blood glucose levels) when exposed to high humidity. We saw evidence that the practice had undertaken a search of its patients on glucose monitoring test strips and wrote to those patients using the identified brand.

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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice maintained a register of vulnerable children and adults and demonstrated an alert system on the computer to identify these patients. All staff we spoke with were aware of this system. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three We saw that staff members had attended Identification and Referral to Improve Safety (IRIS) training. This is a general practice based domestic violence and abuse (DVA) training, support and referral programme for primary care staff and provided care pathways for all adult patients living with abuse and their children. Several staff had also undertaken Female Genital Mutilation awareness training.
- 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). All staff we spoke with were aware of their responsibilities as a chaperone and where to stand to observe the procedure.
- Whilst the premises appeared to be clean, we found evidence of high level dust in some consulting rooms.

The practice told us they employed their own cleaning staff. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up-to-date training. All staff we spoke with knew the location of the bodily fluid spill kits.

- An infection control audit had been undertaken in August 2015 and we saw evidence that action had been taken to address some improvements identified. For example, to keep a log of staff immunisation status. However, we noted that high level dust in some clinical areas had been a finding in the audit. Some actions were also outstanding pending funding. For example, the replacement of fabric chairs to ones that comply with infection control guidelines.
- 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. All prescription printers were locked. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). These were signed by the practice nurses and lead prescriber. Healthcare assistants were trained to administer vaccines and medicines against a Patient Specific Direction (PSD) from a prescriber (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We also reviewed two files of locum doctors and all appropriate checks had been undertaken.

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 practice entrance which identified local health and safety representatives. The practice had an up-to-date fire risk assessment and we saw evidence that fire extinguishers had been checked in August 2015 and weekly fire alarm checks were undertaken. The practice carried out 6-monthly fire drills and we saw evidence that the last fire drill was undertaken in December 2015.
- Staff confirmed they had the equipment they needed to meet patients'needs safely. Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment and equipment used for patient examinations. We saw evidence of calibration of equipment used by staff was undertaken in January 2016 and portable electrical appliances had been checked in August 2015.
- The practice had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice operated a 'buddy' system to cover clinician annual leave to ensure all results and documents were reviewed during an absence. We saw evidence that the practice used the same locum doctor when required.

Arrangements to deal with emergencies and major incidents

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

Good

Are services safe?

- 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 in a consulting room and all staff we spoke with were aware of their location.
- 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. We saw evidence that some staff were trained in first aid.
- 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which included a 'buddy' system with a local practice. The plan included emergency contact numbers for staff. We were told that all the partners and the practice manager held a copy of the plan off site.

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 patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available.

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 national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 83% (national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 95% (national average 94%).
- Performance for hypertension (high blood pressure) was comparable to the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 84% (national average 84%).
- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 85% (national average 88%).
- The percentage of patients diagnosed with dementia where care has been reviewed in a face-to-face review in the preceding 12 months was 80% (national average 84%).

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last two years, six of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review. For example, the practice had undertaken a CCG-led prescribing audit in line with antimicrobial resistance strategy guidance. Tower Hamlets CCG is the second highest prescriber amongst all London CCGs of three broad spectrum antibiotics (cephalosporins, quinolones and co-amoxiclav). The practice was also identified as an outlier against the national percentage for the prescribing of cephalosporins and quinolones (practice 10%, national 5%). The result of a two-cycle audit which followed a review of prescribing in line with guidance had seen a reduction in the issues of broad specrum antibiotics from 212 (March 2015) to 132 (March 2016).
- Findings were used by the practice to improve services. For example, recent action taken as a result included improved prescribing of anticoagulants (a drug that reduces the body's ability to form clots in the blood) for patients with atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate) in line with guidance from NICE.

Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, information governance, 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 had undertaken updates for diabetes and asthma.
- 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. We saw evidence of update immunisation update training. The practice was a Yellow Fever vaccine centre and we saw evidence of update training.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, health and safety and information governance. The reception team had undertaken conflict resolution training and making every contact count. 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.
- The practice used an IT interface system (GP2GP) which enables patients' electronic health records to be transferred directly and securely between GP practices. This improves patient care as GPs will usually have full and detailed medical records available to them for a new patient's first consultation.

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 monthly basis when care plans were routinely reviewed and updated for patients with complex 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 (MCA) 2005. All clinical staff and selected non-clinical staff had undertaken MCA training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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 were signposted to the relevant service.
- Smoking cessation advice was available from the healthcare assistants.
- The practice referred into several health initiatives in Tower Hamlets which included Fit4Life (a physical activity, healthy eating and weight loss programme).
- The practice had piloted a 'cycling for health' project for patients with mental health or at risk of cardiovascular disease or diabetes.
- The practice was involved with a CCG pilot project with a local charity, Ability Bow, which supported patients with disabilities.
- The practice had installed a 'Surgery Pod' in the waiting room. The Surgery Pod enabled patients to measure their own vital signs, including weight and blood pressure, and to answer lifestyle questions. The information gathered was integrated into the practice's clinical system.
- The practice offered Web-GP (an e-consultations interface).

Good

Are services effective?

(for example, treatment is effective)

- The practice was the locality hub for health trainers.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test which included the use of advocates for non-English speaking patients. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice was involved in a local CCG initiative to offer and monitor the uptake of childhood immunisations. Data provided by the locality for the period 2014/2015 showed that childhood immunisation rates for the vaccinations given to under two year olds was between 95 and 98% % against a target of 95% and five year olds ranging from 91% to 98% against a target of 95%.

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. The practice was involved in a local CCG initiative to offer and undertake NHS health checks. Data provided by the locality for 2014/15 showed that the practice had achieved 18% of health checks against a target of 17%.

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. For example, a patient with a visual impairment was offered assistance to the consulting room.

- 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.

We received 28 patient Care Quality Commission comment cards of which 20 were positive and eight were mixed. Negative comments were regarding getting through on the phone. We spoke with 17 patients on the day of the inspection who told us they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 91% 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%.
- 87% of patients said the GP gave them enough time (CCG average 80%; national average of 87%).
- 97% of patients said they had confidence and trust in the last GP they saw (CCG average 92%; national average 95%).
- 90% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 79%; national average 85%).
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 81%; national average 91%).
- 93% of patients said they found the receptionists at the practice helpful (CCG average 84%; national average of 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:

- 80% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 81%; national average 86%).
- 80% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 76%; national average 82%).
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 76%; national average 85%).

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. A Bengali-speaking advocate was available at the practice every Thursday and Thursday morning.
- The practice had access to British Sign Language advocates.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 360 patients as carers (approximately three percent of the practice list). 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. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and giving them advice on how to find a support service. The practice had a comprehensive bereavement pack with included information about registering a death, planning a funeral, probate, benefits available and bereavement counselling services.

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. For example, the practice participated in a local health initiative, which included care packages for patients with diabetes, hypertension and COPD (chronic obstructive pulmonary disease), and was part of Tower Hamlets Community Interest Company which had successfully obtained additional investment to provide out of core hours access through several hub practices.

- The practice operated a micro-team system which included doctors, nurses and administration staff to provide relationship continuity of care.
- The practice offered a 'Commuter's Clinic' on Monday from 6.30pm to 7.30pm, Tuesday and Wednesday from 6.30pm to 7pm and Thursday from 7.30am to 8.30am for working patients who could not attend during normal opening hours.
- The practice operated a walk-in phlebotomy clinic each Saturday from 9am to 11am.
- There were longer appointments available for 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 required same day consultation.
- The practice managed patients on the integrated care register in extended 30-minute appointments at the end of GP clinics.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. The practice was a Yellow Fever vaccine centre.
- There were disabled facilities, a hearing loop and translation services available. In addition, a Bengali-speaking advocate was available every Tuesday and Thursday morning.
- The practice had implemented the NHS England Accessible Information Standard, aimed to ensure disabled people had access to information they understood and any communication support needed.
- There were baby changing facilities and a breastfeeding room available.

Access to the service

The practice was open between 8.30am and 6.30pm Monday, Tuesday, Wednesday and Friday and from 8.30am to 1pm on Thursday. Appointments were from 9am to 12.20pm and 3.30pm to 6.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, 24-hour doctor call back appointments and urgent appointments were also available for people that needed them. Extended surgery hours are offered on Monday from 6.30pm to 7.30pm, Tuesday and Wednesday from 6.30pm to 7pm and Thursday from 7.30am to 8.30am. Patients had access to GP, practice nurse and healthcare assistant appointments in the extended hours sessions. The practice operated a walk-in phlebotomy service on Saturday from 9am to 11am.

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

- 71% of patients were satisfied with the practice's opening hours (CCG average 75%; national average of 75%).
- 91% of patients say the last appointment they got was convenient (CCG average 88%; national average 92%).
- 62% of patients describe their experience of making an appointment as good (CCG average 65%; national average 73%).

However, only 40% of patients said they could get through easily to the practice by phone (CCG average 67%; national average of 73%). This aligned with findings from the CQC comments cards and with people we spoke with on the day of the inspection. The practice had highlighted this as a challenge at the beginning of the inspection. We saw evidence of minutes where they had shared the findings with the PPG in their February 2016 meeting and had set a strategy to analyse data from the telephone system regarding call volume, answering times and call duration to ascertain if staff were adequately and appropriately assigned to call answering. The minutes indicated that the

Good

Are services responsive to people's needs?

(for example, to feedback?)

results of the analysis would be reported back to the PPG at their June 2016 meeting. The practice told us they had added an additional question to the Friends and Family Test regarding getting through to the practice by phone to monitor any improvement in real time.

Listening and learning from concerns and complaints

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

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

We looked at 18 complaints received in the last 12 months. A log of formal complaints was kept and we saw that they had been recorded in detail and responded to appropriately. The practice kept a log of verbal complaints. There was clear evidence of the action taken to prevent their reoccurrence.

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 on the practice website and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The partners had monthly partnership meetings, had gone on a partner away-day to discuss strategy which included succession planning for two partners due to retire in the next couple of years and premises development following successful council funding.

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. Staff had designated lead roles and operated a micro-team system which included doctors, nurses and administration staff to provide relationship continuity of care.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

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

We were shown a clear leadership structure that had named members of staff in lead roles. For example, safeguarding, complaints, GP training, medicines management and mental health. Communication across the practice was structured around key scheduled meetings. Meetings included weekly clinical meetings, monthly clinical governance meetings and a monthly staff team meeting. We saw evidence of a standing agenda for meetings and good quality minutes were kept of these and were available to staff. Staff told us they valued these 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. Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys, FFT, NHS Choices and complaints received. The PPG was established in November 2011

Are services well-led?

Good

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

and met quarterly. Information on how to join the PPG and minutes of meetings were available on the practice website. The PPG submitted proposals for improvements to the practice management team. For example, feedback regarding the reception team had resulted in customer care training. Currently the PPG were looking to develop a social media presence to allow more effective communication with patents.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

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

- The practice participated in a local CCG initiative to establish a micro-team system to address the difficulties of providing continuity within a large team and put systems in place that aid continuity of care.
- The practice was involved with a Prime Minister's Challenge Fund project in Tower Hamlets to improve access to GP out of hours services locally.
- The practice piloted a 'cycling for health' project for patients with mental health or at risk of cardiovascular disease or diabetes which was subsequently rolled out to all Tower Hamlets' practices.
- The practice trained registrars and medical students and engaged in the practice nurse training programme initiative.
- The practice had been awarded council grant funding for building improvement.