

Limehouse Practice

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Limehouse Practice on 17 March 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, with the exception of those relating to some aspects of infection control.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- 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 could make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a 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:

Summary of findings

- Implement and record actions identified from the infection control audits and review the cleaning arrangements for the practice.
- Develop a system to monitor role specific training to ensure the timeframes for updates does not lapse.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- 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 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.
- 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, with the exception of those relating to some aspects of infection control and management of cleaning.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable with local and national averages.
- 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 staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey was comparable with CCG and national averages for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice participated in a local health initiative, which included care packages for patients with diabetes, hypertension and COPD (chronic obstructive pulmonary disease).
- Patients said they could get appointments with a named GP. This was reflected in the national GP patient survey where 66% of patients usually get to see or speak to their preferred GP (CCG average 52%; national average 59%). Patients told us there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care 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, held regular governance meetings and had named staff in lead roles.
- 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

Good



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.
- 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

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

Good



- 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 phone line.
- The practice offered a domiciliary phlebotomy service for housebound patients.

People with long term conditions

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

Good



- 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 comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 72% (national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 99% (national average 94%).
- 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.
- The practice ran an anticoagulant clinic.
- The practice engaged with the wider community to promote health and wellbeing through a series of community health events which included a diabetes awareness event in the local street market.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was higher than the national average (practice 85%; national 75%).
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and information leaflets were available in languages relevant to the practice population.
- 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, health visitors and school nurses.
- The practice held a weekly sexual health and contraception clinic which included implants and intrauterine devices.

Working age people (including those recently retired and students)

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

Good



- 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 alternate Saturdays from 9am to 12 noon and out-of-hours access 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 recently undertook a survey regarding accessing healthcare on line with a view to piloting Web-GP (an e-consultations interface).

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. The practice had 55 patients on its register and 52 had completed reviews. The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and informed 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.
- The practice registered patients from a local domestic violence refuge. Staff members had attended Identification and Referral to Improve Safety (IRIS) training. This was a general practice based domestic violence and abuse (DVA) training, support and referral programme for primary care staff and provided care pathways for all adult patients living with abuse and their children. The practice had a domestic violence lead and worked closely with the IRIS advocate.
- A benefit advisor held a session every Wednesday afternoon at the practice to assist patients.
- The practice had written information to direct carers to various avenues of support and had identified and recorded 1.5% of the practice list as carers.
- The practice ran a weekly substance misuse clinic for patients on methadone.

People experiencing poor mental health (including people with dementia)

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

- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months was 97% which was above the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- 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 published in January 2016 showed that the practice was generally performing in line with local and national averages. Four hundred and fourteen survey forms were distributed and 105 were returned. This represented a 25% response rate and 1% of the practice's patient list.

- 54% found it easy to get through to this surgery by phone which was lower than the CCG average of 67% and the national average of 73%.
- 66% were able to get an appointment to see or speak to someone the last time they tried (CCG average 52%, national average 59%).
- 81% described the overall experience of their GP surgery as fairly good or very good (CCG average 76%, national average 85%).
- 68% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Four cards contained both positive and negative comments in which the negative comments related to the waiting time to get a routine appointment and the waiting time to see a doctor at the allocated appointment time. This was reflected in the national GP patient survey results when 52% said they waited more than 15 minutes after their appointment to be seen (CCG average 31%; national average 27%).

We spoke with 12 patients during the inspection. All 12 patients said they were happy with the care they received and thought staff were approachable, committed and caring. A couple of patients told us it was sometimes difficult to get a routine appointment and the waiting time to see a doctor at the allocated appointment time was more than 15 minutes.

Areas for improvement

Action the service **SHOULD** take to improve

- Implement and record actions identified from the infection control audits and review the cleaning arrangements for the practice.

- Develop a system to monitor role specific training to ensure the timeframes for updates does not lapse.

Limehouse Practice

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, a practice manager specialist adviser and an Expert by Experience.

Background to Limehouse Practice

Limehouse Practice is situated at Gill Street Health Centre, 11 Gill Street, London E14 8HQ in purpose built premises with access to 15 consulting rooms. The practice provides NHS primary care services to approximately 10,800 patients living in Tower Hamlets through 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. Limehouse Practice is part of the Poplar and Limehouse Health and Wellbeing Network which comprises of five local 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. A large majority of the practice population are from an ethnic minority, predominantly from the Bengali community.

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

The practice provides a range of services including maternity care, childhood immunisations, chronic disease management and travel immunisations.

The practice staff comprises of one male and five female GP partners (totalling 44 clinical sessions per week), five female salaried GPs (totalling 18 clinical sessions per week) and one regular salaried locum GP (six sessions per week). The clinical team is supported by one nurse prescriber (36 hours per week), two practice nurses (36 hours per week each) and four healthcare assistants. The administration team consists of a practice manager, reception supervisor, eight receptionists, two secretaries, an IT administrator, a clerical officer, a patient adviser and an apprentice.

The practice is a training and teaching practice and has 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 telephone lines are open from 8.30am to 1pm and 2pm to 6.30pm on Monday and Wednesday and 8.30am to 6.30pm Tuesday, Thursday and Friday. The practice is open and accessible to patients from 8.50am to 6.10pm on Monday, Tuesday, Thursday and Friday. The practice is closed between 1pm and 2pm on Wednesday. Extended hours are provided every alternate Saturday between 9am and 12 noon.

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

Detailed findings

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 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.

The practice has not been inspected before.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 March 2016. During our visit we:

- Spoke with a range of staff (GP partners, salaried GP, practice manager, practice nurses, healthcare assistant, patient advisor, reception and administration 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.

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.
- The practice carried out a thorough analysis of the significant events. There was a lead clinician, meetings were held monthly and minutes were available. The practice had recorded 13 significant events in last 12 months. In addition, the practice carried out a separate analysis of cancer diagnoses and monitored the referrals and outcomes from the two-week wait referral pathway for suspected cancer.

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 business continuity plan and cold chain policy was reviewed and updated after the electricity was switched off following a water leak without contacting the practice nurse to assess the impact on the vaccine fridge and the cold chain.

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 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. There was a lead member of staff for safeguarding. The GPs attended monthly safeguarding meetings with the health visitors which were minuted. The GPs 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 had received training to a level relevant to their role. GPs and the practice nurses were trained to Safeguarding level 3.

- Notices in the waiting room and consulting room doors 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All staff we spoke with demonstrated they understood their responsibilities and role in the procedure.
- Whilst the premises appeared to be clean, we found evidence of high level dust in some consulting rooms. 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. An infection control audit had been undertaken by the practice. However, there was no action plan to address the improvements identified as a result. Furthermore, several actions identified from the previous audit were still outstanding. For example, high level dust. We found some of the clinical sharps bins had not been closed and disposed of within the timeframe outlined in the healthcare waste regulations.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of

Are services safe?

the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role and attended non-medical prescriber forum meetings. 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 saw evidence of annual immunisation training for all but one of the nursing team who had not updated since 2011.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and 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

corridor which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available 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 staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 72% (national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 99% (national average 94%).
- Performance for mental health related indicators were 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%) and the percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 95% (national average 94%).

- The practice were higher than the national average for the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (practice 97%; national average 84%).

Clinical audits demonstrated quality improvement.

- The practice provided three clinical audits completed in the last two years, all of which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had undertaken a drug misuse audit to identify possible minors at risk in households of known drug use. The practice had undertaken MDT meetings with health visitors and made adjustment within their personal list and micro-team structure to ensure the collective care of vulnerable patients.

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 clinical and non-clinical staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. There was information pack available for locum GPs.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions had received training in asthma and diabetes.
- Staff taking samples for the cervical screening programme had received specific training which had included an assessment of competence. However, the three yearly cervical screening update training for one practice nurse had elapsed by three months. The practice provided evidence that this had been booked for July 2016. The practice shared with us a 2015 audit of inadequate smear rates but there was no evidence that further investigation or discussion had taken place regarding inadequacy rates.
- Staff administering vaccines had received specific training which had included an assessment of competence. However, one practice nurse had not had

Are services effective?

(for example, treatment is effective)

immunisation update training since 2011. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on-line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months except one member of the nursing team.
- Staff received training that included: safeguarding, fire procedures, basic life support, information governance awareness, health & safety, equality & diversity and chaperoning. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.
- The clinical team had recently undertaken update Do Not Attempt Resuscitation (DNAR) and Mental Capacity Act training with the palliative care team.

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 practice referred into several health initiatives in Tower Hamlets which included Go4Sport (a programme for patients with mental and physical health conditions to get more active), Fit4Life (a physical activity, healthy eating and weight loss programme), MEND (a childhood obesity initiative aimed to help children become fitter, healthier and happier whilst having fun), and MEND Mums (a post-natal weight management programme).
- The practice engaged with the wider community to promote health and wellbeing through a series of community health events. For example, the practice arranged with the local Imam a men's health event at the mosque to promote cancer and screening, smoking cessation and healthy lifestyle, had held a women's health event at the local children's centre and a diabetes awareness event in the local street market.
- Smoking cessation advice was available within the practice.
- The practice, within its network, participated in the making of a health promotion DVD which played on a loop in the waiting room. One nurse and two GPs are part of the DVD which included advice on flu vaccinations and minor illness management.

Are services effective?

(for example, treatment is effective)

- The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and we saw cervical screening leaflets in Bengali, Chinese and Polish. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data for childhood immunisation rates for 2014/2015 indicated vaccines given to under two year olds ranged from 56% to 95% and five year olds from 56% to 95%. The practice was involved in a local CCG initiative to offer and monitor the uptake of childhood immunisations. Data

provided by the locality for achievement as of February 2016 showed that childhood immunisation rates for the vaccines given to under two year olds was 96% against a target of 95% and five year olds was 96% against a target of 95%. The practice's patient advisor was responsible for calling non-attenders and sending out reminder and follow-up letters.

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 achievement as of February 2016 showed that the practice had undertaken 22% of health checks against a target of 17%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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 comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% 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%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the 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 slightly higher than national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 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 and in the patient leaflet.
- The practice had several bi-lingual staff and also had a Bengali and Sylheti-speaking advocate attached to the practice to provide interpreting services on Monday, Tuesday, Thursday and Friday mornings and a Chinese-speaking advocate on Tuesday and Thursday morning.
- The practice had access to British Sign Language advocates.

Are services caring?

- Information leaflets were available in easy read format which included health education leaflets in other languages, for example Bengali, Chinese and Polish.
- A benefits advisor held a session at the surgery every Wednesday afternoon.
- The practice employed a Bengali-speaking patient advisor who acted as an assistance and information point for patients to signpost and navigate the healthcare system.
- One of the doctors, as part of personal development, and to aid communication with patients, had learned Sylheti.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 160 patients as carers (1.5% of the practice list). The practice had actively been identifying carers over the last six months. A computer search undertaken six months ago identified 49 patients as carers (0.5% of the practice list). The practice have a GP carer lead and have produced a carer's leaflet which outlines services available to carers, for example annual health checks and influenza immunisation and how to access various avenues of support.

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 by giving them advice on how to find a support service.

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.

- Extended surgery hours were offered each alternate Saturday from 9am to 12 noon for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- A Bengali-speaking patient advisor provided assistance and information to navigate and signpost patients through the system. In addition, she organised health promotion events, sent out recall and text reminders specifically related to childhood immunisations.
- The practice had a Bengali and Sylheti-speaking advocate attached to the practice to provide interpreting services on Monday, Tuesday, Thursday and Friday mornings and a Chinese-speaking advocate on Tuesday and Thursday morning.

Access to the service

The practice telephone lines were open from 8.30am to 1pm and 2pm to 6.30pm on Monday and Wednesday, and from 8.30am to 6.30pm Tuesday, Thursday and Friday. Between 8am and 8.30pm and 1pm and 2pm on Monday

and Wednesday calls were diverted to the local out of hours service. Telephone calls could be diverted to the practice via a bypass line if required. The practice was open and accessible to patients from 8.50am to 6.10pm on Monday to Friday. However, the practice was closed between 1pm and 2pm on Wednesday. Extended surgery hours were offered each alternate Saturday from 9am to 12 noon. 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. Routine appointments of 10 and 15 minutes were available. The practice also had a duty doctor telephone triage system from 8.30am to 12noon each day.

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, except for access to the surgery by phone:

- 54% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%). The practice told us they had taken action to address this finding and had made more reception staff available at busy times to answer the phones, were promoting on-line booking of appointments and were in liaison with the phone provider regarding upgrading the system to make it more efficient.
- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 66% patients said they always or almost always see or speak to the GP they prefer (CCG average 52%, national average 59%).

On the day of the inspection, the majority of patients told us they were able to get appointments when they needed them. The practice operated a personal list service to improve continuity of care and worked in micro-teams of doctors and nurses to provide continuity and cover.

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.

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

- We saw that information was available to help patients understand the complaints system. For example, posters and a leaflet.

We looked at 13 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. There was good 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 and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were 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 with the exception of those relating to infection control.

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.

We were shown a clear leadership structure that had named members of staff in lead roles. For example, safeguarding, complaints, prescribing, clinical governance. Communication across the practice was structured around key scheduled meetings, which included clinical meetings, staff meeting and reception team meetings. 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. 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.

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, NHS Choices and complaints received. For example, the practice changed their telephone message system to offer separate choices which included booking and appointment, cancelling an appointment and general queries to speed up the answering of the telephone.
- The PPG met regularly and submitted proposals for improvements to the practice management team. The PPG were currently working on reducing non-attendance to appointments through patient awareness.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good 

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

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.

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

The practice were currently working with the CCG on two initiatives:

- ‘Supporting Development in General Practice’ to understand the type of challenges practices are facing and develop bespoke support plans. At the time of our inspection the practice had just had their first meeting.
- A micro-system project looking at its registration process to improve efficiency.

The practice had recently received grant funding to improve the practice premises which included the addition of an extra consulting room and redesigning the layout of the reception area.