

East One Health

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 East One Health on 16 February 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 16 February 2016 inspection can be found by selecting the 'all reports' link for East One Health on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 25 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 16 February 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

- The practice had clearly defined and embedded systems to minimise risks to patient safety. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- We found that the practice had taken a systematic approach to review the findings of the previous inspection and implemented actions to rectify all areas that were recognised as requiring improvement.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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.

- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- On the day of the inspection we found that the practice had addressed the findings from our previous inspection in respect of safeguarding, chaperoning, recruitment processes, cleaning arrangements and infection prevention and control and implemented actions to rectify all areas that were recognised as requiring improvement.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable with local and national averages.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement and there was an ongoing programme of quality improvement.
- Staff had the skills and knowledge 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 which included end of life care.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice comparable to local and national averages for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- 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.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



Summary of findings

- The provider was aware of the requirements of the duty of candour and in examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and the patient participation group was active.
- There was a focus on continuous learning and improvement at all levels. GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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.

- There was a GP clinical lead for the care of the elderly. The practice offered proactive, personalised care to meet the needs of the older patients in its population including those in sheltered homes.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice had access to the Tower Hamlets integrated care team for the management of elderly and frail patients.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice held monthly multi-disciplinary care meetings which included the community health service team, social services, palliative care and mental health team for older people.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.

Good



People with long term conditions

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

- Both GPs and nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was statistically comparable to the CCG and national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 83% (CCG average 85%; national average 80%).
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Good



Summary of findings

- All these patients had a named GP and there was a system to recall patients for 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 had aligned annual blood recall for each chronic disease for patients with multiple co-morbidities and coordinated the repeat prescribing process which resulted in integrated continuity of care, reduced the frequency of attendance at the surgery and provided better appointment efficiency for the practice.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were broadly in line with all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice had been awarded the 'You're Welcome Award' (a programme aimed to support health services to be more young people friendly).

Good



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).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these

Good



Summary of findings

were accessible, flexible and offered continuity of care, for example, extended opening hours up to 8pm Monday to Friday and Saturday appointments from 9am to 1pm, telephone and on-line consultations.

- The practice was proactive in offering online services which included appointment booking, repeat prescription requests and viewing of medical records.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- The practice had Bengali and Sylheti-speaking advocates on the premises and had access to interpreter services which included British Sign Language (BSL).
- We saw that 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.

Good



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).

Good



Summary of findings

- The practice carried out advance care planning for patients living with dementia.
- The practice had a GP clinical lead for mental health. We saw there was a system in place for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and 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 94% (CCG average 91%; national average 84%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% (CCG average 89%; national average of 89%) and the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 96% (CCG average 90%; national average 89%).

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 for the most recent data. The results showed the practice was performing broadly in line with local and national averages. Three hundred and seventy survey forms were distributed and 82 were returned. This represented 1% of the practice's patient list and a completion rate of 22%.

- 69% of patients found it easy to get through to the surgery by phone compared with the CCG average of 67% and the national average of 73%.
 - 55% of patients usually get to see or speak to their preferred GP compared with the CCG average of 51% and the national average of 59%.
 - 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 85%.
 - 62% of patients described their experience of making an appointment as good compared with the CCG average of 65% and the national average of 73%.
 - 43% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 49% and the national average of 58%.
- 57% of patients said they would recommend this GP practice to someone who has just moved to the local area as compared with the CCG average of 72% and the national average of 78%.

The results of the Friends and Family Test (FFT) for the period January to March 2017 showed that 76% of patients were extremely likely or likely to recommend the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards, of which ten were all positive about the standard of care received. Patients said the practice offered an excellent service and that staff were caring, helpful and friendly. Two of the comment cards contained negative comments about the waiting time to be seen for a consultation.

We spoke with three patients during the inspection all of whom said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, two patients commented about the waiting time to be seen for a consultation.

East One Health

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.

Background to East One Health

East One Health provides NHS primary care services to approximately 10,650 patients across two sites. The main site operated from 14 Deancross Street, London E1 2QA and the branch site from 445 Cable Street, London E1W 3DP. Patients are able to access services at both sites. The practice operates under an Alternative Provider Medical Services (APMS) contract (a locally negotiated contract between NHS England and general practices for delivering general medical services). The practice is part of NHS Tower Hamlets Clinical Commissioning Group (CCG).

The practice population is in the second most deprived decile in England. People living in more deprived areas tend to have greater need for health services. The practice has a much larger than average proportion of young male and female adults on its patient list, particularly in the age ranges of 25-29, 30-34 and 35-39. Conversely the practice has a much lower than average proportion of male and female patients above the age of 50. The practice catchment area has a large Bangladeshi population and a proportion speak English as a second language. The practice has access to Bengali and Sylheti-speaking advocates on the premises.

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 and surgical procedures. All surgical procedures are undertaken at the Cable Street site which we inspected on the day of our inspection.

The practice staff comprises of two male and two female GP partners (seven clinical sessions each), four female salaried GPs and two male salaried GPs (totalling 32 clinical sessions) and one female GP registrar. The team is supported by six practice nurses and three healthcare assistants, a practice manager, deputy practice manager, facilities manager and a team of administration and receptionist staff.

The practice at Deancross Street is open between 8am and 8pm Monday to Friday and on Saturday from 9am to 1pm. Clinical appointments are available from 8am to 1.30pm and 2pm to 7pm.

The practice at Cable Street is open between 8.30am and 1pm and 3.30pm and 6.30pm on Monday, Wednesday and Friday, on Tuesday between 8.30am and 6.30pm and on Thursday from 8.30am to 1pm. Telephone calls are diverted to the main Deancross Street practice when the surgery is closed.

When the practice is closed, out-of-hours services are accessed through the local out of hours service or NHS 111. Furthermore, patients can also access appointments out of hours through four hub practices within Tower Hamlets between 6.30pm and 10pm on Monday, Tuesday and Wednesday, between 6.30pm and 8pm on Thursday and Friday, between 8am to 8pm on Saturday and from 10am to 6pm on Sunday. East One Health at Deancross Street is a location for one of the hubs. This service is registered separately with the Care Quality Commission and we did not inspect this service.

Detailed findings

Why we carried out this inspection

We undertook an announced comprehensive inspection at East One Health on 16 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was requires improvement. The full comprehensive report on the 16 February 2016 inspection can be found by selecting the 'all reports' link for East One Health on our website at www.cqc.org.uk.

We undertook a follow-up announced comprehensive inspection of East One Health on 25 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

During the inspection we visited the main practice location at Deancross Street and the branch surgery at Cable Street.

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 25 May 2017. During our visit we:

- Spoke with a range of staff which included GP partners, salaried GPs, practice manager, deputy practice manager, facilities manager, practice nurses, healthcare assistant and administration and reception staff.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.

- Reviewed a sample of the personal care or treatment records of patients.
- Spoke with patients who used the service and reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Inspected the facilities, equipment and premises.
- Reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment and training records, safeguarding referrals, significant events, patient survey results, complaints, meeting minutes and performance data.

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 living 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

At our previous inspection on 16 February 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of safeguarding, chaperoning, recruitment procedures, cleaning and infection control required improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 25 May 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system 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. 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).
- The practice had recorded 21 significant events in 12 months prior to our inspection. From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. Since our last inspection the practice had put in place an effective system in place for management of patient safety alerts and we saw evidence of recent alerts acted upon.
- The practice also maintained a risk register which it reviewed and updated regularly.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, training on how to respond to an activation of the newly installed emergency call cords in the accessible toilets was undertaken following an incident where staff had not responded due to being unfamiliar

with the system. The practice used this incident as an opportunity to reiterate how to respond to an emergency alert activated through the practice clinical system.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff and all staff we spoke with were aware of how to access the policies. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff who we spoke with knew who this was. GPs told us they attended safeguarding meetings when possible or 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 the safeguarding alert system.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The practice had been unable to demonstrate that all staff had received safeguarding training at our previous inspection. GPs were trained to child safeguarding level three, practice nurses and healthcare assistants were trained to level two and non-clinical staff to level one.
- At the previous inspection not all staff who acted as a chaperone had been trained and some staff were unsure where to stand and observe the procedure. At our follow-up inspection we saw evidence that 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). Staff we spoke with on the day of the inspection were aware of their responsibilities when chaperoning. Notices in the waiting room advised patients that chaperones were available if required. The practice had trained both male and female chaperones.

Are services safe?

The practice maintained appropriate standards of cleanliness and hygiene.

- At our previous inspection we found evidence of high and low level dust at both sites which included the minor surgery suite at the branch surgery. In addition, the cleaning store cupboards at both sites did not have adequate segregation of mops and cloths which posed a risk of cross-contamination. On the day of the inspection we observed the premises to be clean and tidy. Since our last inspection the practice had recruited its own cleaners and we saw evidence that they had received infection prevention and control training. There was a cleaning schedule available which outlined areas cleaned and frequency. We observed there was adequate segregation of colour-coded mops and cloths. The facilities manager audited the standard of cleaning on a monthly basis.
- At our previous inspection we found that there was no clear guidance for the clinical infection prevention and control (IPC) lead on the role. On the day of the inspection we found that the practice had implemented a job description outlining the role and responsibilities of the practice nurse IPC lead. All staff had now been trained on infection prevention and control which the practice had been unable to demonstrate at our previous inspection. All non-clinical staff we spoke with knew how to handle specimens on reception, had access to appropriate personal protective equipment when handling specimens at the reception desk and knew the location of the bodily fluid spill kits.
- There was an up-to-date IPC protocol in place and the practice had undertaken an IPC audit in March 2017. We saw evidence that action was taken to address any improvements identified as a result. The practice was able to demonstrate a register of staff immunity status which had not been available at our previous inspection.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process

to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. At our previous inspection the practice had a system in place to track the use of prescription forms through the surgery. On the day of the inspection we saw that the system had lapsed. Immediately after the inspection the practice provided evidence in the form of log sheets that this system had been reinstated at both sites. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

At our previous inspection we found the practice did not have effective systems in place to ensure safe recruitment of locum doctors. The practice had refined its processes and checking procedure. We reviewed three personnel files of substantive staff recruited since our last inspection and two personnel files of locum doctors and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and a health and safety poster in the staff restroom. We saw that staff had received health and safety and manual handling training. Several members of staff from the clinical and non-clinical team had undertaken first aid training.
- The practice had an up-to-date fire risk assessment and carried out regular fire drills. All staff we spoke with knew the location of the fire assembly point. There were three designated fire marshals within the practice all of whom had been trained. All staff were trained on fire safety awareness.

Are services safe?

- Each clinical room was appropriately equipped and all electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. We saw evidence that PAT testing had been undertaken in November 2016 and calibration in February 2017.
- The practice had a variety of other risk assessments to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. At the time of our inspection there were two salaried GPs on maternity leave. The practice were covering their absence with regular locum GPs.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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. Since our last inspection the practice had installed emergency call cords in the accessible toilets.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator and oxygen with adult and children's masks available at both premises. 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 stored securely.
- The practice had a comprehensive business continuity plan 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

At our previous inspection on 16 February 2016, we rated the practice as good for providing effective services. At our follow up inspection on 25 May 2017 we also found the practice was good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through 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 92% of the total number of points available (CCG 95%; national 95%) with 4% overall exception reporting (CCG 5%; national average 6%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

Performance for diabetes related indicators was statistically comparable to the CCG and national averages. 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 69% (CCG average 74%; national average 78%) with a low practice exception reporting of 3% (CCG average 7%; national 12%);

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 75% (CCG average 82%; national average 78%) with a practice exception reporting of 3% (CCG average 4%; national average 9%);
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 83% (CCG average 85%; national average 80%) with a low practice exception reporting of 3% (CCG average 6%; national average 13%).

Performance for mental health related indicators was statistically comparable to the CCG and national averages. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% (CCG average 89%; national average of 89%) with a practice exception reporting of 17% (CCG average 7%; national average 13%);
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 96% (CCG average 90%; national average 89%) with a practice exception reporting of 14% (CCG average 5%; national average 10%);
- 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 94% (CCG average 91%; national average 84%) with a practice exception reporting of 10% (CCG average 7%; national average 7%).

Performance for respiratory-related indicators was statistically comparable to the CCG and national averages. For example:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 82% (CCG average 74%; national average 76%) with a practice exception reporting of 1% (CCG average 3%; national average 8%);
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review

Are services effective?

(for example, treatment is effective)

undertaken including an assessment of breathlessness was 84% (CCG average 89%; national average 90%) with a practice exception reporting of 13% (CCG average 6%; national average 12%);

- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 92% (CCG average 96%; national average 95%) with a practice exception reporting of 0.7% (CCG average 0.5%; national average 0.8%).

There was evidence of quality improvement including clinical audit. Since our last inspection the practice had developed a programme of quality improvement and there had been ten clinical audits commenced in the last two years, all of which were completed audits where the improvements made were implemented and monitored. The audits reviewed were both practice identified, for example from significant events and clinical commissioning group-led audits. Findings were used by the practice to improve services. For example, a repeat audit of the prescribing of the antibiotics in line with the prescribing formulary showed minimal improvement for co-amoxiclav and quinolones prescribing and reduced compliance for cephalosporins prescribing. The practice had reviewed each consultation and made recommendations to the clinical team which included reissuing the prescribing guidelines, emphasis on prescribing guidelines in the GP locum induction and locum information pack and a reminder of the delayed prescription strategy, particularly for upper and lower respiratory tract infections and urinary tract infections.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had received annual updates, for example asthma and diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

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

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, infection control and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice operated a 'buddy' system for when clinicians were absent from the surgery.
- The practice used an IT interface system which enabled patients' electronic health records to be transferred directly and securely between GP practices. This improved patient care as GPs would have full and detailed medical records available to them for a new patient's first consultation.
- The practice maintained a register of its two-week wait referrals and had a system in place to ensure patients had received and attended appointments. Two-week wait referral data showed that the percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two-week wait referral pathway was 34% which was statistically comparable with the national average of 49%. This gives an estimation of the practice's detection rate, by showing how many cases of cancer for people registered at a practice were detected by that practice

Are services effective?

(for example, treatment is effective)

and referred via the two-week wait pathway. Practices with high detection rates will improve early diagnosis and timely treatment of patients which may positively impact survival rates.

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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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. We saw that 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 and signposted them to relevant services. 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.
- The practice had aligned annual blood recall for each chronic disease for patients with multiple

co-morbidities and coordinated the repeat prescribing process which resulted in integrated continuity of care, reduced the frequency of attendance at the surgery and provided better appointment efficiency for the practice.

- The practice had been awarded the 'You're Welcome Award' (a programme aimed to support health services to be more young people friendly).

The practice's uptake for the cervical screening programme was 75%, which was statistically comparable with the CCG average of 78% and the national average of 81%. We reviewed unvalidated 2016/17 QOF data on the practice's clinical system and found that the practice had attained an uptake of 80%. There was a policy to offer reminders for patients who did not attend for their cervical screening test as well as an alert on the clinical system which enabled staff to opportunistically offer appointments. There were failsafe systems 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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Data for the period 1 April 2015 to 31 March 2016 showed that the practice performed below the national average for some of the childhood immunisation rates. For example, vaccinations given to the under two year olds ranged from 85% to 91% (national target 90%). Immunisation rates for five year olds for measles, mumps and rubella (MMR) dose one was 89% (CCG 91%; national 94%) and for MMR dose two was 79% (CCG 88%; national 88%). The practice had addressed the findings by commencing a Saturday childhood immunisation clinic and a systematic approach to inviting and recalling patients to appointments.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous inspection on 16 February 2016, we rated the practice as good for providing caring services. At our follow up inspection on 25 May 2017 we also found the practice was good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same gender and male and female chaperones were available.

Ten out of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said the practice offered an excellent service and that staff are caring, helpful and friendly. Two of the comment cards contained negative comments in relation to waiting time to be seen for a consultation.

We spoke with three patients during the inspection all of whom said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, two patients also commented about the waiting time to be seen for a consultation.

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

- 80% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.

- 79% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 89% 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%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 84% of patients said the nurse was good at listening to them compared with the CCG average of 82% and the national average of 91%.
- 85% of patients said the nurse gave them enough time compared with the CCG average of 84% and the national average of 92%.
- 89% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 93% and the national average of 97%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 91%.
- 73% of patients said they found the receptionists at the practice helpful compared with 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 statistically comparable with local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.

Are services caring?

- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 90%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language and Bengali and Sylheti-speaking advocates were available at both locations. Patients were also told about multi-lingual staff who might be able to support them and we observed members of staff interacting with patients at reception in the patient's preferred language.
- The practice had access to a social prescriber as part of the Tower Hamlets CCG social prescribing initiative (a means of enabling health care professionals to refer patients with social, emotional or practical needs to a range of local, non-clinical services in the wider community). Patients attending the surgery with non-medical conditions could be referred to the service which included weight management and fitness programmes, welfare benefits and housing, education and learning, social isolation and domestic violence.

- The practice promoted 'Pharmacy First', an initiative where patients can access advice from a pharmacist on a range of minor health issues without an appointment free-of-charge. We saw information was available on the practice's website and in the waiting room.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services through the social prescriber.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 163 patients as carers (1.5% 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 experienced bereavement, their usual GP contacted them by telephone or sent them a letter. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 16 February 2016, we rated the practice as good for providing responsive services. At our follow up inspection on 25 May 2017 we also found the practice was good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The main practice was open 8am to 8pm Monday to Friday and from 9am to 1pm on Saturday.
- There were longer appointments available for patients with a learning disability and those requiring an interpreter.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

Access to the service

The main practice at Deancross was open between 8am and 8pm Monday to Friday and on Saturday from 9am to 1pm. The branch surgery at Cable Street was open between 8.30am and 1pm and 3.30pm and 6.30pm on Monday, Wednesday and Friday and on Tuesday between 8.30am and 6.30pm and on Thursday from 8.30am to 1pm. Telephone calls are diverted to the main practice when the branch surgery was closed. At the main practice, clinical appointments were available from 8am to 1.30pm and 2pm to 7pm Monday to Friday.

In addition to pre-bookable appointments which could be booked in advance, urgent appointments, telephone consultations and on-line appointments were also available for patients that needed them.

Patients could also access appointments out of hours through several hub practices within Tower Hamlets between 6.30pm and 10pm on Monday, Tuesday and Wednesday and 6.30pm to 8pm on Thursday and Friday, 8am to 8pm on Saturday and 10am to 6pm on Sunday. East One Health at Deancross Street was one of the hub locations.

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

- 66% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 69% of patients said they could get through easily to the practice by phone compared to CCG average of 67% and the national average of 73%.
- 78% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 79% and the national average of 85%.
- 72% of patients said their last appointment was convenient compared with the CCG average of 86% and the national average of 92%.
- 62% of patients described their experience of making an appointment as good compared with the CCG average of 65% and the national average of 73%.
- 43% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 49% and the national average of 58%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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, information in the waiting room and complaint form and guidance.

The practice had recorded 11 complaints in the past 12 months. We looked at two complaints received in detail and found these had been handled satisfactorily and in a timely manner. We saw evidence of apology letters to patients which included further guidance on how to escalate their concern if they were not happy with the response. To facilitate learning, all complaints were included as a standing agenda item at practice meetings and we saw evidence of minutes of meetings.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 16 February 2016, we rated the practice as requires improvement for providing a well-led services as the arrangements in respect of an overarching governance required improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 25 May 2017. The practice is now rated as good for providing well-led services.

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 and all staff we spoke with knew and understood the values.
- Since our last inspection the practice had produced a clear strategy and supporting business plan which reflected the vision and values.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. We found that the practice had taken a systematic approach to review the findings of the previous inspection and implemented actions to rectify all areas that were recognised as requiring improvement. In addition a 0.5 whole time equivalent administration resource had been created to assist the management team with governance compliance.

This governance framework outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- We saw that there was a clear organisational structure and GPs and nurses had lead roles in key areas. For example, clinical governance, infection control, safeguarding and prescribing. In addition, GPs had lead roles in clinical areas, for example, mental health, cancer care, women's health, elderly care.
- Practice specific policies were implemented and were available to all staff and we saw they were updated and reviewed regularly. All staff we spoke with knew how to access these.

- A comprehensive understanding of the performance of the practice was maintained which included Quality and Outcome Framework (QOF) and Network Incentive Scheme (NIS).
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice also maintained a risk register which it reviewed and updated regularly.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

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

The provider was aware of and had systems 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). The partners encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and we saw minutes of these. All clinical staff attended a daily clinical meeting to discuss issues in real time.

Are services well-led?

Good 

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

- 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, especially since our last inspection and the development of the practice business strategy.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), the NHS Friends and Family Test (FFT), NHS Choices and comments and complaints received.

- The patient participation group (PPG) met regularly and we reviewed minutes of the last meeting.
- The practice engaged with staff and sought feedback through discussion, practice meetings and appraisals. Staff we spoke with 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

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 was active in its network locality group and was a location for one of the local hubs which provided out-of-hours Monday to Friday and weekend access for patients in Tower Hamlets.