

The Stroudley Walk Health Centre

Quality Report

38 Stroudley Walk

Bow

London

E3 3EW

Tel: 0208 981 4742

Website: www.stroudleywalk.nhs.uk/

Date of inspection visit: 10 October 2017

Date of publication: 16/11/2017

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	12
Background to The Stroudley Walk Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stroudley Walk Health Centre on 10 October 2017. Overall the practice is rated as good.

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

- 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.
- There were good staff recruitment processes although not all staff had a documented induction or had received an appraisal.
- Results from the most recent national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment in relation to nurses but there was a negative variation for GP consultations.
- The practice had clearly defined and embedded systems to minimise risks to patient safety although we found two patients on high risk drugs (for example

warfarin and lithium) that had a longer than recommended gap between monitoring. Patient Group Directions (PGDs) used by the nurse needed to be updated.

- The practice had arrangements in place to manage medical emergencies but we found that although checks were made and recorded against emergency equipment, the adult defibrillator pads had passed their expiry date and no child pads were available. There were no emergency drugs carried in the doctors emergency bag but no risk assessment had been carried out to identify whether this was appropriate.
- Information about services and how to complain was available although details of the local NHS complaint advocacy organisation, NHS England and the Ombudsman were not consistently included in responses. 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 with a named GP and there was continuity of care, with urgent appointments available the same day and the option to use a new online service (WebGP), to communicate with a GP.

Summary of findings

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events although the threshold for reporting an incident was high and included only poor practice.
- The practice premises were clean, maintained and equipped to treat patients and meet their needs. There were plans in place for new practice premises in 2018.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice had a quality improvement programme although most audits were one cycle.
- We found that the vaccine fridge temperature was monitored but occasionally this went above the maximum recommended limit but with no explanation or check for how long this lasted.
- Review the threshold for significant event reporting in line with best practice guidance.
- Review the monitoring of patients on high risk drugs and availability of emergency equipment and medicines. Update the relevant PGDs.
- Review the results of the GP Patient Survey for GP consultations and consider if further improvement can be made to outcomes in those areas.
- Review the monitoring and recording of the vaccine fridge temperature to ensure products are stored in line with the manufacturer's guidance at all times.
- Review complaint responses to ensure details of local NHS complaints advocacy, NHS England and the Ombudsman are always referenced.
- Review the staff appraisal system so that all staff whether or not part time have the opportunity for annual appraisal.

The areas where the provider should make improvement are:

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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events, although the threshold for reporting events could be reviewed to include a range of events from good to poor practice;
- 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 although Patient Group Directions (PGDs) used by the nurse needed to be updated.
- The practice had arrangements in place to manage medical emergencies but we found that although checks were made and recorded against emergency equipment, the adult defibrillator pads had passed their expiry date and no child pads were available. There were no emergency drugs carried in the doctors emergency bag but no risk assessment had been carried out to identify whether this was appropriate.
- 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.
- We found that the vaccine fridge temperature was monitored but occasionally this went above the maximum recommended limit but with no explanation or check for how long this lasted.

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 at or above average compared to the national average.

Summary of findings

- Staff were aware of current evidence based guidance we found two patients on high risk drugs (for example warfarin and lithium) that had a longer than recommended gap between monitoring.
- Clinical audits demonstrated quality improvement. Most audits were one cycle.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans but not all staff had received an appraisal in the last 12 months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care by the nurses but lower than average for GP Consultations.
- Survey information we reviewed varied. It showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment in relation to nurses but there was a negative variation for GP consultations.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



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. For example, having staff who spoke languages other than English. The practice were part of a network of five practices and worked in partnership with them to achieve local and national quality of outcome targets for patients. The practice worked with a local social prescribing service who offer support such as housing and benefits advice or eating and exercise advice.
- 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.

Good



Summary of findings

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from five examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- 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.
- The provider was aware of the requirements of the duty of candour. In five 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 sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice had engaged with a patient participation group but membership had reduced and they were considering re-establishing it as a virtual group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- All patients had a named GP.
- 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, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, the community nurses or the mental health team and held multi-disciplinary meetings to discuss complex care needs, including with a local consultant for older people.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, prevention of falls and referral to relevant community services.

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 long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice was comparable to other practices in relation to their diabetes indicators.
- 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.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

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.

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 relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital. For example by providing home visits and discussion of needs at multi-disciplinary meetings.

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 was also planning to become part of the YOU'RE WELCOME pilot. YOU'RE WELCOME provides a framework for delivering and planning young people's health services and through participation, that young people will have a greater understanding of the services available. It aims to help improve access to health services for marginalised groups. It helps staff to become more inclusive giving them the confidence to engage with young people.

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).

Good



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours Monday to Friday but is closed at weekends. Patients can also use a local NHS walk in centre.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice had also increased their uptake of online services and had recently commenced WebGP, an option for online consultation with a GP which the practice aims to respond to within 24 hours.

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 homeless people, travellers and those 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.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed 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 in normal working hours and out of hours.

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).

- The practice carried out advance care planning for patients living with dementia.
- < >

Good



Summary of findings

The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, an assessment of the risk of a fall, an annual care plan and comprehensive medication review.

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs although we found that two patients who were prescribed Lithium and had a longer than recommended gap between monitoring.
- The practice was comparable to or better than other practices nationally for their mental health indicators.
- 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.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was mainly performing in line with local and national averages. 381 survey forms were distributed and 72 were returned. This represented a 19% response rate or 1% of the practice's patient list.

- 81% of patients described the overall experience of this GP practice as good compared with the CCG average of 78% and the national average of 85%.
- 82% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 71%.
- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients described staff as very caring and friendly. With two exceptions, patients said it was easy to make an appointment and that the GPs took time to listen to and care for them.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

There was no recent data available for the practices friends and families test.

The Stroudley Walk Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser.

Background to The Stroudley Walk Health Centre

Stroudley Walk Health Centre operates from 38 Stroudley Walk, London, E3 3EW. The practice provides NHS primary medical services through a Primary Medical Services contract to just over 4,000 patients in the Tower Hamlets Area. The practice is part of the Tower Hamlets Clinical Commissioning Group (CCG). It comprises of two full time male GPs, a part time female GP (a combined total of 25 sessions), two practice nurses (one of which was an independent nurse prescriber), three healthcare assistants, a practice manager, reception manager and a small team of administrative staff. The practice is a training practice. At the time of inspection there were no medical student, foundation year or GP registrar placements.

The practice has level access from the road and has a ground floor only. There are good bus and rail links close to the practice and some parking spaces for disabled people close by. It has a waiting room in front of the main reception desk.

The practice has no branch surgeries but is part of the MEEBBB Health network of five practices in the CCG. It has a

high proportion of patients who are non-English speaking or whose first language is not English and a higher than average younger population but a lower than average older population.

The practice had a higher than average percentage of patients between the 20 - 39 year age group but a lower than average percentage of patients between the 45 -85 or over age group.

The practice is in an area with a high deprivation weighting. The Indices of Multiple Deprivation score is two. The lower the Indices of Multiple Deprivation decile, the more deprived an area is.

The practice is registered with the CQC to provide the regulated activities Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

The practice reception and surgery opening hours were:

Monday, Wednesday, Thursday, Friday: 8am – 7pm

Tuesday: 8am – 6.30pm

The second Monday of each month the practice is closed for an hour for training between 1-2pm.

Saturday and Sunday: Closed

The practice website stated that GP appointments were available from 8.00am until 6.50pm Monday, Wednesday, Thursday and Friday. Tuesday 8.00am to 5.30pm.

Extended appointments can be made on any day when the practice is open.

Detailed findings

If the practice is closed there is a number patients can call to obtain the Out of Hours service contact details. This is also on the practice leaflet and website.

The practice was previously inspected in November 2014. All domains were rated as good and this inspection was to ensure that the practice were maintaining standards. At that inspection there were a small number of areas identified that the provider needed to improve and we found these had been addressed.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, for example the local healthwatch to share what they knew. We carried out an announced visit on 10 October 2017.

During our visit we:

- Spoke with a range of staff (GPs, nurses, the practice manager and reception manager) and spoke with patients who used the service.
- 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.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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 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).
- From the sample of five 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 although we found that the threshold for reporting events did not include a range of events from good to poor practice. The practice manager and one of the partners told us they would review this.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an out of date vaccine was administered, an apology was immediately given to the patient, the incident was discussed at the practice meeting and staff reminded of the protocol to check vaccines dates before administration and when ordering new stock to ensure rotation.
- The practice also monitored trends in significant events and evaluated any action taken.

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. 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 interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were also trained to child safeguarding level 2 or 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result, although we were told that as the practice were planning to move to new premises, not all issues identified had been actioned. The last audit was dated 7 June 2016. The practice nurse lead for infection control told us she was attending infection prevention and control training the day after the inspection and would complete a further audit following this.

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).

Are services safe?

- There were processes for handling repeat prescriptions which included the review of high risk medicines although we found two patients on high risk drugs (for example warfarin and lithium) that had a longer than recommended gap between monitoring. The practice said they would review this as a significant event.
- 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 and there were systems to monitor their use. One of the nurses had recently qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation but these needed to be reviewed as they were out of date. The practice manager and one of the partners told us this would be carried out without delay. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- The practice held no stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- The practice had an up to date fire risk assessment and carried out regular fire drills. The next fire drill was due to take place in December 2017. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- 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.

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.
- 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 but we found that although checks were made and recorded against emergency equipment, the adult defibrillator pads had passed their expiry date and no child pads were available. The practice manager told us they would order new pads without delay.
- 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. There were no emergency drugs carried

We reviewed five personnel files 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 checks through the DBS.

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.

Are services safe?

in the doctors' emergency bag but no risk assessment had been carried out to identify whether this was appropriate. The practice told us they will complete this within four weeks.

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

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 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 compared with the clinical commissioning group (CCG) average of 95% and national average of 95%.

The practice had a lower than average overall exception rate (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 QOF (or other national) clinical targets, other than for breast, bowel and cancer screening. Data from 1 April 2015 to 31 March 2016 showed:

- Performance for breast, bowel and cervical screening indicators was either similar to or higher than the CCG average (except for females 50-70 years screened within six months of invitation for breast cancer) but lower than the national average. For example, females 50-70 years screened within the last 36 months was: the practice achieved 63%, the CCG 56% and the national average 72.5%.
- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the

percentage of patients whose last measured total cholesterol (measured in the preceding 12 months) is 5mmol/l or less was: the practice achieved 85% and national average 80%.

- Performance for mental health related indicators was higher or similar 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 plan in the record, in the preceding 12 months was: the practice achieved 96% and national average 89%.

There was evidence of quality improvement including clinical audit:

- There had been six clinical audits commenced in the last 12 months, all of which were one cycle. In addition the practice carry out estimated Glomerular Filtration Rate (eGFR) audits monthly and Cancer audits every quarter for the CCG. These were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit of the use of the drug pregabalin, included review of the practice guidelines, updates for staff and changing first line pain medication. This is a continuous audit as part of the practice's review of prescribing.

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 safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Health Care Assistants had received phlebotomy and smoking cessation training.
- 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

Are services effective?

(for example, treatment is effective)

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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. We found that not all staff had received an appraisal within the last 12 months. The practice partner told us they would address this within three months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of five documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. 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 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 patient record audits.

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, smoking and alcohol cessation and those requiring advice on their diet. The practice offered specific advice on diet and managing medication to Muslim patients during Ramadan.
- Patients could be referred to a dietician and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 78%, which was comparable with the national average of 81%.

The practice is an outlier in terms of breast and bowel cancer screening compared to the national average, although mainly comparable to the CCG average. The practice was aware of this and have established quality improvement meetings and are working with other local practices to improve outcomes.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates

Are services effective?

(for example, treatment is effective)

for the vaccines given were comparable to or higher than CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 94% to 99% and five year olds from 89% to 96%.

There was a policy to offer telephone or written 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 for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national

screening programmes for bowel and breast cancer. 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.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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 sex.

All of the 20 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 three patients including two patients (registered with the practice since it was established). We did not speak to any members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients views varied from those we spoke with or received comment cards from. The practice was above average for its satisfaction scores on consultations with nurses but well below average on consultations with GPs. For example:

- 71% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 70% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 86%.

- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 66% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 96% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 91%.
- 90% of patients said the nurse gave them enough time compared with the CCG average of 83% and the national average of 92%.
- 100% 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%.
- 91% 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%.
- 90% of patients said they found the receptionists at the practice helpful compared with the CCG average of 82% and the national average of 87%.

The practice was aware of these scores. They have signed up to be part of the 'YOU'RE WELCOME' pilot aimed at improving the planning and delivery of services for young people, have added the option of online consultation and are proposing to review their results in six to twelve months.

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.

Children and young people were treated in an age-appropriate way and recognised as individuals. The practice was going to become part of the 'YOU'RE WELCOME' pilot.

Are services caring?

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 with nurses but negatively in relation to GPs. Results were not all in line with local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 80% and the national average of 86%.
- 66% 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%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 90%.
- 85% 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 was aware of their negative GP survey data for GP consultations and will be developing their approach to improving this. All feedback is discussed in meetings.

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. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available but were not in easy read format.

- 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. The practice supported patients to use this if needed.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 107 patients as carers (1% of the practice list). The practice offer health checks for carers, enable carers to make appointments more easily and will carry out home visits.

Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. Carers can be referred to the local advocacy service or for social prescribing.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 practice offered appointments until 6.50pm Monday to Friday. Once the practice closed the local NHS walk-in centre was available until 8pm.
- There were longer appointments available for patients with a learning disability or with complex care needs.
- Home visits were available for older patients, carers 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. They were visited every two weeks or more frequently if needed.
- 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 and test results.
- 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. The practice was also a Yellow Fever vaccination centre.
- There were accessible facilities and interpretation services but a hearing loop was not available although the practice manager told us they would address this without delay.
- To support older or housebound patients the practice offered home visits or telephone consultations, for example for medication reviews.
- The practice receptionists offered training for patients to enable them to access services online.
- Patients with a learning disability were invited for an annual review by phone and post.
- Members of the traveller community were welcomed at the practice. The practice had 20 patients registered with them.

- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, staff spoke Bengali, Bangladeshi and other languages to help translation and support patients.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open between 8.00am and 7.00pm Monday, Wednesday, Thursday and Friday. Tuesday 8.00am to 6.30pm. Appointments were available from 8.30am to 6.50pm Monday, Wednesday, Thursday and Friday. Tuesday 8.30am to 5.30pm. The practice did not close during the day and GPs were flexible in providing appointments. Patients could also attend a local NHS walk-in centre until 8.00pm once the practice had closed. The practice was closed Saturday and Sunday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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 with the exception of the practice opening hours which were below local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 82% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 83% 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 84%.
- 77% of patients said their last appointment was convenient compared with the CCG average of 74% and the national average of 81%.
- 70% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 57% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 47% 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.

The duty GP would do this by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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 was available in reception, the practice leaflet and website.

We looked at five complaints received in the last 2 years. There had only been two complaints in the last 12 months. We found these had been satisfactorily handled, dealt with in a timely way, there was openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and where required action was taken to improve. We found that responses to complaints did not consistently always include details of the local NHS advocacy service, NHS England or the Ombudsman. For example, one complaint was subsequently investigated as a significant event. It led to improved coding and checking of this during multidisciplinary meeting as well as accurate reporting on meeting discussions.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, one of the partners was the lead for child and adult safeguarding and one of the practice nurses was the lead for infection prevention and control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We found that most audits were one cycle.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, ensuring comprehensive risk assessments were completed and reviewed for areas such as health and safety, legionella or fire safety. Having clear policies for managing and recording incidents and ensuring learning actions were signed completed.

- We saw evidence from minutes of a meeting structure that allowed for lessons to be learned and shared following significant events and complaints, although we found that the threshold for reporting incidents did not include positive event reporting or a range from good to poor practice.

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 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. From the sample of five 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.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every six months. Minutes were available for practice staff to view.

Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG do not meet regularly as the number of members had reduced. The practice are considering re-establishing this as a virtual group.
- The Tower Hamlets HealthWatch had identified in a report (December 2016) that the most common concerns were access to appointments. To address this and GP survey results, the practice had recently commenced the option of an online consultation using WebGP.
- the NHS Friends and Family test (although there was no recent data), complaints and compliments received. The practice also responded to both positive and negative

feedback detailed on the NHS Choices website. There were 13 comments posted in the last 12 months of which half gave a top rating and the other half a poor or average rating.

- staff through team meetings, away days, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 were planning to become part of the YOU'RE WELCOME pilot and had recently added the option for online consultation via WebGP.

All staff had received training to help them identify domestic violence and abuse.

The practice held an integrated care team meeting every month, actively promote the social prescribing services available, regularly had multidisciplinary team meetings and was part of the MEEBBB Health network carrying out quality improvement work across all of the five practices as a team.