

The Wapping Group Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Wapping Group Practice on 9 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Although risks to patients were assessed and managed, on the day of our inspection the practice could not provide a health and safety or a fire risk assessment undertaken by NHS Property Services. The fire risk assessment was provided after the inspection and included an action plan but there was no evidence to indicate that actions had been taken to address the improvements identified.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider should make improvement are:

- Review the practice's safeguarding children and adult policy.
- Ensure there is an effective system to track blank prescriptions through the practice in line with national guidance.
- Ensure all risk assessments and actions identified have been carried out in line with regulation.
- Review the business continuity plan.
- Consider improving communication with patients who have a hearing impairment.
- Ensure written complaint responses include all patient information in line with national guidance.
- Advertise translation services in the patient waiting areas.
- Formulate a written strategy to deliver the practice's vision.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients were assessed and managed, on the day of our inspection the practice could not provide a health and safety or a fire risk assessment undertaken by NHS Property Services. The fire risk assessment was provided after the inspection and included an action plan but there was no evidence to indicate that actions had been taken to address the improvements identified.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above national average for diabetes-related indicators. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 91% (national average 80%).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

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 others for several aspects of care. For example, 93% of patients said they had confidence and trust in the last GP they saw (CCG average 92%; national average of 95%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice participated in a local health initiative, which included care packages for patients with diabetes, hypertension and COPD (chronic obstructive pulmonary disease).
- Patients said they found it easy to make an appointment with a named GP. This was seen in the national GP patient survey where 75% of respondents said they usually get to see or speak to their preferred GP (local average 52%; national average 59%).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff. However, not all written responses included information in line with national guidance.

Are services well-led?

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

Good



- The practice told us they had a vision to deliver high quality care and promote good outcomes for patients. However, there was no written strategy or supporting business plan to achieve it.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. The practice supported a receptionist to train as a healthcare assistant.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. The practice had dedicated administrators to manage effective recall of patients for review. 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 piloted in Tower Hamlets the Year of Care (YoC) programme (a six-week education course which puts patients with diabetes firmly in the driving seat of their care, and supports them to self-manage). Outcomes of the pilot included improvements to the patient questionnaire.
- The practice demonstrated improved outcomes for patients with diabetes. Performance for diabetes-related indicators was above national average. For example, the percentage of these patients in whom the last blood pressure reading within the preceding 12 months was 140/80 mmHg or less was 89% (national average 78%) and the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 91% (national average 80%).

Summary of findings

- The practice had exceeded its target for the management of diabetic patients in a local CCG-led initiative. For example, 94% had received a care plan (target 90%) and 83% had undertaken digital retinal screening (target 80%).
- The practice held a specialist nurse diabetic clinic for complex diabetic patients.
- The practice attended monthly meetings with local consultants to discuss challenging cases and held monthly multidisciplinary team meetings for diabetes, asthma and chronic obstructive pulmonary disease.
- The practice ran an anticoagulant clinic to monitor and manage patients taking anti-clotting medication.

Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice participated in a local CCG initiative to offer and monitor the uptake of childhood immunisations. Data provided by the locality for 2014/15 showed rates for vaccines given to under two year olds ranged from 92% to 96% (target of 95%) and five year olds ranged from 88% to 94% (target of 95%).
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was above the national average (practice 80%, national 75%).
- The practice's uptake for the cervical screening programme was 85%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors and evidence of weekly meetings. The practice held a weekly baby clinic led by the health visitors.

Working age people (including those recently retired and students)

Good



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

Summary of findings

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

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients with a learning disability and offered longer appointments for these patients. We saw evidence that staff had undertaken learning disability awareness training.
- All housebound patients were allocated a specific doctor to manage their care.
- The practice participated in a local integrated care package initiative which reviewed the top six percent of vulnerable patients and those with complex physical or mental health needs who were at risk of hospital admission or re-admission and provided more personalised and multi-disciplinary support.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and signposted patients to various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Clinical staff had undertaken Identification and Referral to Improve Safety (IRIS) training. This is a general practice

Summary of findings

based domestic violence and abuse (DVA) training, support and referral programme for primary care staff and provided care pathways for all adult patients living with abuse and their children.

- The practice had written information to direct carers to various avenues of support and had identified and recorded 3% of the practice list as carers.
- The practice provided a weekly substance misuse clinic for patients on methadone.

People experiencing poor mental health (including people with dementia)

Good



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

- 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 93% which was above the national average of 84%.
- Performance for mental health related indicators was comparable to CCG and national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 89% (CCG average 83%; national average 88%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and we saw evidence that staff had undertaken dementia awareness training.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 and the results showed the practice was performing in line with local and national averages. Three hundred and fifty-eight survey forms were distributed and 111 were returned. This represented a 31% response rate and just over one percent of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 83% 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 78% and the national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 76% and the national average of 85%.

- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 71% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards of which 35 were positive about the standard of care received. Two cards included negative comments regarding getting an appointment and the waiting time to be seen for an allocated appointment.

We spoke with 14 patients during the inspection. All 14 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the practice's safeguarding children and adult policy.
- Ensure there is an effective system to track blank prescriptions through the practice in line with national guidance.
- Ensure all risk assessments and actions identified have been carried out in line with regulation.
- Review the business continuity plan.

- Consider improving communication with patients who have a hearing impairment.
- Ensure written complaint responses include all patient information in line with national guidance.
- Advertise translation services in the patient waiting areas.
- Formulate a written strategy to deliver the practice's vision.

The Wapping Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to The Wapping Group Practice

The Wapping Group Practice is situated at 22 Wapping Lane, London, E1W 2RL in purpose-built premises with access to eight consulting rooms. The building is owned and maintained by NHS Property Services. The practice provides NHS primary care services to approximately 9,600 patients living in Wapping through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is part of NHS Tower Hamlets Clinical Commissioning Group (CCG) which consists of 36 GP practices split into eight networks. The Wapping Group Practice is part of the Highway Network comprising of four practices in the locality.

The practice population of male and female patients between the age brackets 25 to 44 is higher than the national averages. The practice reported a 40% turnover of patients each year.

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

The practice staff comprises of three male and one female GP partner (totalling 23 clinical sessions per week) and three female and one male salaried GP (totalling 21 clinical sessions per week). The clinical team is supported by two practice nurses and two healthcare assistants. The administration team consists of a practice manager, a medical secretary, two administrators and five receptionists.

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

The practice telephone lines are open from 9am to 6.30pm Monday to Friday. Extended hours are provided Tuesday, Wednesday and Thursday from 6.30pm to 7.30pm.

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice had not previously been inspected.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 June 2016. During our visit we:

- Spoke with a range of staff (GP partners, salaried GPs, practice nurse, healthcare assistants, practice manager and administration and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and discussed at weekly clinical meetings. The practice had recorded five significant events in last 12 months.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the procedure for checking the contents of the emergency trolley was reviewed following an incident where adult oxygen masks were not available during an emergency situation. We saw evidence on the day of our inspection of an equipment schedule check list.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Although a policy was available this was adapted from a larger CCG policy, was not dated and did not have a version control to ensure the use of the most current

document. The policy outlined who to contact for further guidance if staff had concerns about a patient's welfare. We saw evidence of safeguarding flowcharts in all clinical rooms.

- There was a lead member of staff for safeguarding and the GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We saw evidence of quarterly safeguarding meetings with the health visitors. The practice maintained a register of vulnerable children and adults and demonstrated an alert system on the computer to identify these patients. All staff we spoke with were aware of this system. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to child safeguarding level 3. We saw clinical staff had attended Identification and Referral to Improve Safety (IRIS) training. This is a general practice based domestic violence and abuse (DVA) training, support and referral programme for primary care staff and provided care pathways for all adult patients living with abuse and their children.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All staff we spoke with were aware of their responsibilities as a chaperone and where to stand to observe the procedure.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GP partners was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

Are services safe?

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Any repeat prescriptions not collected after four weeks were followed-up by the GPs. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored but there were no systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). These were signed by the lead GP and practice nurse.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and managed.

- Staff confirmed they had the equipment they needed to meet patients' needs safely. Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment and equipment used for patient examinations. We saw evidence of calibration of equipment used by staff was undertaken in March 2016 and portable electrical appliances had been checked in October 2015.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

- The practice premises were owned and managed by NHS Property Services who had undertaken a fire risk assessment in October 2015. This was provided after the inspection and included an action plan but there was no evidence to indicate that actions had been taken to address the improvements identified. Regular fire drills were carried out and staff we spoke with knew the location of the evacuation point. All staff had undertaken fire safety training.
- There was a health and safety poster but it was not clear who the identified local health and safety representative was. The practice had not undertaken a health and safety risk assessment and could not provide one undertaken by NHS Property Services.
- A Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment had been undertaken by NHS Property Services in October 2015.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff but had not been update since 2014 so did not include new members of staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.6% of the total number of points available.

This practice was not an outlier for any QOF clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was above the national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 83% (CCG average 72%; national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 96% (CCG average 85%; national average 94%).
- The practice had exceeded its target for the management of diabetic patients in a local CCG-led initiative. For example, 94% had received a care plan (target 90%) and 83% had undertaken digital retinal screening (target 80%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 90% (CCG average 88%; national average 84%)
- Performance for mental health related indicators was comparable to CCG and national average. For example, the percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 89% (CCG average 83%; national average 88%).

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- The practice demonstrated a programme of identified audits for the next 12 months.
- Findings were used by the practice to improve services. For example, the practice was identified as an outlier against the national percentage for the prescribing of cephalosporins and quinolones (practice 13%; national 5%) and an audit was undertaken using guidance as part of the antimicrobial resistance strategy. In the first cycle audit undertaken 1 January to 31 March 2015 it was found that 17 patients had been prescribed quinolones (59% compliance with guidance) and 23 had been prescribed cephalosporins (39% compliance with guidance). The practice reviewed local guidelines and made a change to prescribing behaviour and increased patient education in the surgery through the Antibiotic Awareness Campaign. The audit was repeated between 1 November to 31 December 2015 and it was found that 5 patients had been prescribed quinolones (20% compliance with guidance) and 12 had been prescribed cephalosporins (12% compliance with guidance). Although 100% compliance with guidance had not been achieved the practice were encouraged by the reduction and will continue to review antibiotic prescribing.

Information about patients' outcomes was used to make improvements. For example, the practice participated in a borough-wide cancer data collection audit as part of the Royal College of General Practitioners' National Audit of Cancer Diagnosis in Primary Care which aimed to develop criteria for best practice with regards cancer diagnosis pathways.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff and we saw evidence of an induction check list. This covered such topics as health and safety, fire safety, infection prevention and control, first aid, confidentiality, whistleblowing and data protection.
- 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 training in diabetes and chronic obstructive pulmonary disease (COPD).
- 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 practice was a yellow fever vaccine centre and we saw evidence of up-date training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support 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 shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice used an IT interface system (GP2GP) which enables patients' electronic health records to be

transferred directly and securely between GP practices. This improves patient care as GPs will usually have full and detailed medical records available to them for a new patient's first consultation.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. The GPs and practice nurse had undertaken MCA training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- The practice followed the Year of Care (YoC) programme (a six-week education course which puts patients with diabetes firmly in the driving seat of their care, and supports them to self-manage. The practice told us the programme had contributed to good outcomes in diabetes care.
- The practice participated in a local integrated care package initiative which reviewed the top six per cent of vulnerable patients and those with complex physical or mental health needs who are at risk of hospital admission or re-admission and provided more personalised and multi-disciplinary support.

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- All housebound patients were allocated a specific doctor to manage their care.
- Smoking cessation advice was available at the practice.
- The practice held specialist nurse diabetic clinics for complex diabetic patients..
- The practice ran an anticoagulant clinic to monitor and manage patients taking anti-clotting medication.
- The practice promoted the Pharmacy First scheme (access to advice, treatment and medicines for common ailments from local pharmacies).
- The practice referred into several health initiatives in Tower Hamlets which included Fit4Life (a physical activity, healthy eating and weight loss programme), MEND (a childhood obesity initiative aimed to help children become fitter, healthier and happier whilst having fun), and MEND Mums (a post-natal weight management programme).

The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in

place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that persons aged 60-69 who had been screened for bowel cancer in the last 30 months was 50% (CCG average 37%; national average 58%) and females aged 50-70 screened for breast cancer in the last 36 months was 62% (CCG average 56%; national average 72%).

Childhood immunisation rates was comparable with local and national averages and the practice participated in a local CCG initiative to offer and monitor the uptake of childhood immunisations. Data provided by the locality for 2014/15 showed that childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 96% against a target of 95% and five year olds ranged from 88% to 94% against a target of 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for 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

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

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

All of the 37 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 members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 93% 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%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.

- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 74% 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 translation services were available for patients who did not have English as a first language. However, there were no notices in the reception area informing patients this service was available.
- The practice had access to British Sign Language advocates.
- The practice held a register on its clinical system of all its patients with a hearing or a visual impairment.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 284 patients as

carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carer details were captured on the new patient registration form.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in a local health initiative, which included care packages for patients with diabetes, hypertension and COPD (chronic obstructive pulmonary disease), and was part of Tower Hamlets Community Interest Company which had successfully obtained additional investment to provide out of core hours access through several hub practices.

- The practice offered extended hours clinics on Tuesday, Wednesday and Thursday from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was registered as a yellow fever centre.
- There were disabled facilities and translation services available.
- There was no hearing loop available. However, the practice held a register on its clinical system of all its patients with a hearing impairment.

Access to the service

The practice was open between 9am and 6.30pm Monday to Friday. Appointments were from 9am to 11.50am every morning and 3.30pm to 6pm in the afternoon. Extended hours appointments were offered on Tuesday, Wednesday and Thursday from 6.30pm to 7.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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.

- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.
- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 75%.

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

The practice had a system in place to assess:

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

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 an effective system in place for handling complaints and concerns.

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

We looked at 10 complaints received in the last 12 months and found they had been recorded in detail. However, not all complaints had been acknowledged in writing and not all written responses included information in line with national guidance. For example, how to contact the NHS Ombudsman. We saw that the practice recorded verbal complaints. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. We saw evidence of an annual complaints meetings.

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 told us they had a vision to deliver high quality care and promote good outcomes for patients. However, there was no written strategy or supporting business plan to achieve it.

Governance arrangements

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

- There was a clear staffing structure that had named members of staff in lead roles. For example, safeguarding, complaints, prescribing. All staff we spoke with were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice attended regular network meetings in its locality and one of the GP partner was the chairperson for the locality.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings and we saw evidence of minutes for weekly clinical meetings and practice meetings. The clinical team told us they met each morning after their clinical session to discuss day-to-day issues in real time.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG commenced in 2009 and met every two months. Members of the PPG we spoke with on the day told us they had submitted proposals for improvements to the practice management team. For example, the initiation of text reminder service and improvement to the telephone automated queuing system. The PPG organised and ran a weekly 'mindfulness group' at the surgery.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues.

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.

- The practice was involved with a Prime Ministers Challenge Fund project in Tower Hamlets to improve access to GP out of hours services.

Are services well-led?

Good 

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

- The practice trained registrars and medical students and engaged in the practice nurse training programme initiative.
- The practice had been awarded council grant funding to add additional consulting rooms.
- The practice undertook the Year of Care (YoC) programme (a six-week education course which puts patients with diabetes firmly in the driving seat of their care, and supports them to self-manage). The practice told us the programme had contributed to good outcomes in diabetes care.