The Clapton Surgery

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 Clapton Surgery on 22 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. However, the provider needed to review the processes for checking the condition and availability of emergency equipment and medicines to ensure they are readily available and safe to use.
- 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. The proactive identification of patients who were carers required improvement.
- 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 staff and patients, which it acted on. However, the process for capturing unofficial complaints could be improved.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

Summary of findings

- Review the processes for capturing unofficial complaints for the purposes of continually evaluating and improving the service.
- Take proactive steps to identify patients who are also carers to ensure their needs are met.
- Review the processes for checking the condition and availability of emergency equipment and medicines to ensure they are readily available and safe to use.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. However, the provider should review the processes for checking the condition and availability of emergency equipment and medicines to ensure they are readily available and safe to use.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- 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.
- The provider should take proactive steps to identify patients who are also carers to ensure their needs are met.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the assistant practitioner ran a phlebotomy clinic at the practice twice a week which helped to avoid the need for patients to attend the local hospital for blood samples to be taken.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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. However the provider should review the processes for capturing unofficial complaints for the purposes of continually evaluating and improving the service.

Summary of findings

- 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 staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients were referred to the District Nurses and One Hackney Team for further care when necessary. Integrated care meetings took place monthly to discuss patients with complex care needs to ensure a more proactive and personalised standard of care was offered.
- Monthly meetings with end of life team and palliative care teams took place where discussions were had about how to best support patients at this stage.

People with long term conditions

Good

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

- In 2014 the practice had been recognised by the local CCG as one of the best performing practices in the management of long term conditions, particularly diabetes where it was in the top three practices for three out of four diabetes indicators.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Quality and Outcomes Framework (QOF) performance in 2014/15 for diabetes related indicators was 99% which was above the CCG average of 94% and the national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. A pharmacist held a session every two to three months to review medication of any patients suffering from long-term conditions.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

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.
- Childhood immunisations were an area of challenge for the practice. We saw evidence of good collaboration with NHS England and engagement with the local community leaders to try and address this issue.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80% which was in line with the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice offered 16th birthday health checks and new patient health checks for those aged from five to 17 years old.

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).

- 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 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.

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 identified all vulnerable patients through annual audits and a register of vulnerable patients was held.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Summary of findings

- 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 informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 90% which was in line with the CCG average of 85% and the national average of 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 364 survey forms were distributed and 80 were returned. This represented 1% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and national average of 73%.
- 75% 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 84% and the national average of 85%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 78% 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 36 comment cards which were all positive about the standard of care received. Patients commented about the respectful and caring nature of all of the staff and the good standard of care and treatment they received.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. In the friends and families test 100% of respondents said they would recommend this practice.

The Clapton Surgery

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 and an Expert by Experience.

Background to The Clapton Surgery

The Clapton Surgery is a GP practice based in Clapton, a district to the north of the London Borough of Hackney. The practice is part of the City and Hackney Clinical Commissioning Group (CCG) and provides services under a General Medical Services (GMS) contract. The practice is based within Theydon Road Health Centre, a modern purpose built building situated in a residential area. The practice is easily accessible by public transport and by car.

The single largest ethnic group in the London Borough of Hackney is White (55%), followed by Black/Black British (23%) and Asian/Asian British (11%). Practice profile data shows the practice age distribution as having a greater than average proportion of patients aged from zero to 34 years of age. At 78 years for males and 83 years for females, average life expectancy is similar to the national average of 79 and 83 years respectively. The area is within the second most deprived decile out of 10 on the deprivation scale.

The practice is situated in an area where a large proportion of the residents identify as Orthodox Jewish. The practice estimate the proportion of their patient list identifying identified as Orthodox Jewish to be about 60%.

The practice is staffed by a principal GP (male, nine sessions), a salaried GP (male, nine sessions), three locum GPs (all female, six sessions in total), a practice nurse (female, six sessions), an assistant practitioner (a health and social care worker with a required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker) (female, six sessions) and a health care assistant (female, one session). Non-clinical roles are fulfilled by a practice manager and assistant practice manager, a senior receptionist and five reception/ administrative staff all working a mixture of full and part time hours.

The practice opening hours are from 8.30am to 6.30pm Monday to Friday except Wednesday when it closes at 1.30pm. Surgery times differ slightly depending on the clinician but generally they are from 9am to 11.30am and 4pm to 6.30pm or 2.30pm to 5.50pm every day except Wednesday when there is no afternoon surgery and Thursday when surgery time starts at 8am. Outside of these hours GP services were provided by the practice's out of hours provider.

Patients can book routine appointments available up to one month in advance, special appointments bookable up to 24 hours in advance, urgent appointments bookable on the day only and telephone consultations.

The practice is registered with the CQC to provide the following registered activities: Treatment of disease, disorder or injury; Diagnostic and screening procedures; Maternity and midwifery services from Theydon Road Health Centre, Hackney, London E5 9BQ.

The Clapton Surgery was not inspected under the previous inspection regime.

Detailed findings

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 to share what they knew. We carried out an announced visit on 22 August 2016.

During our visit we:

- Spoke with a range of staff including GPs, nursing, management and administrative/reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

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

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, there had been an incident where a person had falsely identified themselves as a patient of the practice. The incident was discussed at a clinical meeting and the importance of vigilance as to patient's identification was emphasised. It was also emphasised that that any unregistered people should be directed to alternative services such as practices that register patients on a temporary basis.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.
- Notices in the waiting room and in consulting rooms 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. The assistant practice manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. General daily cleaning tasks were carried out by a cleaning company employed by the practice. They worked to a checklist provided by the 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 practice used fabric curtains in the consulting rooms. These appeared to be clean and we saw evidence that they were professionally cleaned on a regular basis.
- We found some improvements were necessary in the arrangements for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal). We were told that equipment such as the nebuliser and oxygen cylinder were checked weekly by the practice nurse. However the practice were unable to provide any evidence to demonstrate this. Fridges where medicines and vaccines were stored were checked regularly to make sure their temperature was within the safe range. However no records of these checks were kept by the practice to ensure that this was done.

Good

Are services safe?

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- 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 well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office although this did not identify the local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Cover for annual leave or unexpected absences was arranged amongst existing staff. The locum GPs used were long term locums who were seen as part of the regular practice team.

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. We saw evidence that these were regularly checked to ensure they were in good working order. 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. The practice had a local buddy practice whose premises could be shared in the event of the practice's premises becoming unusable.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw that email updates were shared and stored on the computer system where they were accessible to all staff. They were also discussed at clinical meetings.
- 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 with an exception reporting rate of 5%. We saw the practice had a system in place to ensure patients with certain conditions were contacted for reviews and followed up patients referred to secondary care to ensure they attended.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 showed:

- At 99%Performance for diabetes related indicators was in line with the CCG average of 94% and the national average of 89%.
- At 98% performance for mental health related indicators was similar to the CCG and national average of 93%.
- We saw evidence that in 2014 the practice had been recognised by the local CCG as one of the best performing practices in the management of long term conditions, particularly diabetes where it was in the top three practices for three out of four diabetes indicators.

Data we received prior to the inspection suggested a large variation in the ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) and Coronary Heart Disease (CHD). We raised this with the practice and records they produced showed a relatively low number of patients on the register who had these conditions (1% of the practice list for both conditions). The age distribution of the practice showed a higher than average number of patients aged up to 34 years with less than 2% aged 60 years and above which could explain this variation. In relation to COPD we saw a relatively low number of patients identifying as smokers.

There was evidence of quality improvement including clinical audit.

- There had been 25 clinical audits completed in the last two years which varied from audits of serious medical conditions and high risk medication to shared care and dressings. We looked at two audits, both of which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, one audit was of antipsychotic medication. The aim of the audit was to evaluate whether, for patients on antipsychotic treatment, physical health monitoring was being carried out in secondary care and primary care and to assess whether shared care arrangements between the local NHS Foundation Trust and primary care were being adhered to. The first cycle was carried out in November 2015. A sample of 30 patients initiated on any one of the antipsychotics was reviewed and the results showed that blood tests were overdue for three of the patients, annual medication reviews and physical health check for six of those patients were overdue, the appropriate template was not always being used for reviews and that and electrocardiogram (ECG) reading was overdue for three of those patients. An action plan was put in place and the second cycle was carried out in February 2016.
- The results of the re-audit showed all appropriate patients had now had a review and physical health checks monitoring which included blood tests. One

Good

Are services effective?

(for example, treatment is effective)

patient did not attend but had not requested the antipsychotic medication since September 2015 and one patient was no longer registered with the practice. All of these patients had undergone a medication review. The re-audit also showed that the new Mental Health CEG template was routinely used during medication reviews. Of the three patients needing an annual ECG which was outstanding, two patients had attended for the ECG and one had been re-referred.

Effective staffing

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

- The practice had an induction programme for all newly appointed 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. Staff also received training in diabetic foot checks, wound care, sexual health and early pregnancy.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and 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.

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. For example regular meetings were scheduled with the mental health team, although we were told attendance by the mental health team was inconsistent. The health visitor attended the practice weekly to discuss any children identified as being vulnerable and monthly meetings took place with the health visitor and midwifery teams. We saw evidence that the last clinical meeting had been attended by the district nurse and One Hackney & City (a pilot to provide more co-ordinated services for the most vulnerable, high risk patients in City and Hackney).

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 records audits.

Good

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. A psychotherapist was also available on the premises once a month. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- We saw evidence that all staff (including non-clinical) were able to communicate any concerns they had about specific patients to at weekly clinical meetings

The practice's uptake for the cervical screening programme was 66%, which was comparable to the CCG average of 70% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 56% to 83% (CCG averages 80% to 93%) and five year olds from 62% to 91% (CCG average 81 to 94%). The practice was aware that childhood immunisations was an area of challenge for them. We saw evidence that the practice had been in discussions with NHS England about how the rates for childhood immunisations could be improved. It was recognised that there were some cultural and religious factors that were impacting on parents decisions to accept or decline for their children to be immunised. The practice had discussed this with a senior local faith leader to try and improve engagement and patient education in this area.

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- 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 36 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 four 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 average for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% 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. We saw notices in the reception areas informing patients this service was available.

Good

Are services caring?

- There was a digital screen in reception used to alert patients when it was their turn to be seen as well as providing general patient information such as appointments, contact details and out of hours information.

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 30 patients as carers (0.4% of the practice list). These were identified during our inspection from a computer database search of patients aged over 65 years, eligible for the flu vaccine. We did not see any evidence of the proactive identification of carers. Written information was available to direct carers to the various avenues of support available to them. Following our inspection the practice notified us that they had carried out a further search and had identified 66 patients who were carers (1% of the practice list).

Staff told us that if families had suffered 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the assistant practitioner ran a phlebotomy clinic at the practice twice a week which helped to avoid the need for patients to attend the local hospital for blood samples to be taken. This helped to reduce waiting times at the local hospital. This also helped to improve patient care as urgent blood tests could be carried out immediately.

- 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 vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was situated in an area with a high Jewish population. We saw that the practice was aware of the particular needs, beliefs and preferences of this community and responded to these needs with respect and consideration.
- Baby changing facilities were available.

Access to the service

The practice opening hours were from 8.30am to 6.30pm Monday to Friday except Wednesday when it closed at 1.30pm. Surgery times differed slightly depending on the clinician but generally they were from 9am to 11.30am and 4pm to 6.30pm or 2.30pm to 5.50pm every day except Wednesday when there was no afternoon surgery and Thursday when surgery time started at 8am. Outside of these hours GP services were provided by the practice's out of hours provider.

Patients could book routine appointments available up to one month in advance, special appointments bookable up to 24 hours in advance, urgent appointments bookable on the day only and telephone consultations. 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.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

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.

Patients were asked to contact the practice before 10am to request a home visit. The GP would contact 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 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.
- The practice manager was the 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 on posters displayed.
- A review of complaints took place every year.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and

Good

Are services responsive to people's needs?

(for example, to feedback?)

complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, one complaint related to a patient who was dissatisfied by a GPs decision not to make a referral as the GP had deemed this to be inappropriate in their case. We saw evidence that the complaint was discussed with all relevant staff and appropriate action was taken including responding to NHS England to whom the patient had also complained. It was explained to the patient that a referral would not be appropriate in their case, in accordance with the relevant clinical guidelines. It was also emphasised to staff that referrals should only be made in line with the relevant guidelines and that they should explain to patients that referrals could only be made where they were deemed to be appropriate, not just to satisfy the patient's demands.

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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

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

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

- Nursing staff told us they were well supported by the GPs and we saw that the assistant practitioner received good support from the GPs and practice nurse.
- The assistant practitioner was supported financially as well as practically to qualify initially as a healthcare assistant (HCA) and then as an assistant practitioner (AP).
- 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. The practice team met regularly to celebrate important events such as at Christmas time, birthdays and new births. Staff told us they received gifts from the management on such occasions. Staff also met socially at Christmas time.
- 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met

Are services well-led?

Good

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

regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had fed back to the practice that waiting time for the phone to be answered was too long. As a result all four phones in the reception area were dedicated to the answering of incoming calls during the peak emergency times (8.30am and 3.45pm). This had enabled more patients to get through on the phones during the busiest periods.

- The PPG was involved in producing a quarterly practice newsletter which aimed to keep patients informed about what was going on at the practice, for example about staff changes, clinics and services and local health and social events.
- The practice did not keep a record of unofficial complaints. They should review the processes for capturing unofficial complaints for the purposes of continually evaluating and improving the service.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example at the request of staff reception/administrative tasks were rotated amongst all staff, rather than being allocated to specific individuals. This allowed for more variety and wider experienced for staff members. 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. The practice took part in the One Hackney and City pilot. One Hackney and City is a pilot to provide more co-ordinated services for the most vulnerable, high risk patients in City and Hackney. They had also implemented the Coordinate My Care (CMC) service; a NHS clinical service which served to link up the organisations and individuals that provide care for a patient. GPs worked together with their housebound and palliative care patients and patients at risk of unplanned admissions to create a personalised urgent care plan. This care plan was recorded on the CMC computer system to ensure all care providers could access this information at any time. We saw that at the time of our inspection, 60 out of 171 eligible patients already had CMC care plans in place since the launch of the service at the practice in April 2016.