

Pollard Row Practice

Quality Report

47 Pollard Row

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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 Pollard Row Practice on 4 February 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.
- Most risks to patients were assessed and well managed with the exception of an effective system of vaccine stock control.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Patients' satisfaction with the practice's opening hours and getting through to the surgery by phone exceeded CCG and national averages.
- 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 provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Develop an ongoing programme of clinical audit and re-audit to ensure outcomes for patients are maintained and improved.

Summary of findings

- Formulate a written strategy to deliver the practice's vision.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed with the exception of an effective vaccine stock control procedure.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to locality and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits had been undertaken but there was no ongoing programme of clinical audit and re-audit to ensure outcomes for patients are maintained and improved.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice comparable to others for care. For example, 84% said the GP was good at listening to them (CCG average 84%, national average of 89%) and 96% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%).

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Thirty-nine patient comment cards received were all positive about the service. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- 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. Patients on the day spoke highly about the reception team and this was echoed in the GP National Survey where 91% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice participates in a local health initiative which includes care packages for patients with diabetes, hypertension and COPD (chronic obstructive pulmonary disease) and is part of a local Community Interest Company which has successfully obtained additional investment to provide out of core hours access through several hub practices.
- 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. In addition, 94% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73% and 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 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.

Good



Are services well-led?

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

Good



Summary of findings

- The practice told us they had a vision to deliver high quality care and promote good outcomes for patients. However, there was no formal written strategy to deliver this.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

- 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.
- The practice looked after five care homes in the area and undertook regular visits of its patients and held meetings with care home managers.
- Flu vaccination rates for the over 65s was higher than the national average (practice 81.87%, national averages of 73.25%).

Good



People with long term conditions

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.
- Performance for diabetes related indicators was similar to the national average. For example, 76.14% of patients with diabetes, on the register, in whom the last blood sugar (IFCC-HbA1c) is 64mmol/ml or less in the preceding 12 months, was comparable to the national average of 77.54%. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 91.76% which was above the national average of 78.03%.
- 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.
- Flu vaccination rates for at risk groups was 74.85% which was above the national average of 61.12%.

Good



Families, children and young people

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

Good



Summary of findings

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of preceding 12 months was 83.65% (national average 75.35%).
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 82.96% (national average 81.83%).

Working age people (including those recently retired and students)

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

- The practice offers extended hours clinics until 8pm Monday, Tuesday, Wednesday and Friday and out-of-hours access is available through several hub practices in the CCG area.
- Patients can book and cancel appointments, request repeat prescriptions and update personal information through the practice website.
- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances and these were flagged on the clinical system.
- The practice had written information to direct carers to various avenues of support but had only identified and recorded 0.5% of the practice list as carers.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice ran a weekly substance misuse clinic for patients on methadone.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- 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. All staff have volunteered to be a Dementia Friends Champion (a volunteer who encourages others to make a positive difference to people living with dementia in their community) and have received dementia awareness training with Dementia Friends (an Alzheimer's Society Initiative).
- 92.5% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84.01%.
- Performance for mental health related indicators were above the national average. For example, 90.48% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88.47% and the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 100% compared with a national average of 89.55%.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages with the exception of getting through to the surgery by phone which was significantly higher than the CCG and national averages. Four hundred and six survey forms were distributed and 71 were returned. This represented a response rate of 17.5% and 1.4% of the patient list size.

- 94% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 78%, national average 85%).
- 84% described the overall experience of their GP surgery as good (CCG average 76%, national average 85%).

- 75% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 71%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. Comments included 'excellent care, staff are always helpful and friendly, always treated to the highest level of respect and dignity.'

We spoke with four patients during the inspection and three members of the patient participation group who were all positive about the standard of care received. All were complimentary about the practice, staff who worked there and the quality of service and care provided. Patients felt that they were provided with good quality care and were listened to. The results of the friends and family test stated 84% of patients would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Develop an ongoing programme of clinical audit and re-audit to ensure outcomes for patients are maintained and improved.
- Formulate a written strategy to deliver the practice's vision.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

Pollard Row 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 and a practice manager specialist adviser.

Background to Pollard Row Practice

Pollard Row Practice is situated at 47 Pollard Row, London E2 6NA. The practice provides NHS primary care services to approximately 4,900 patients living in and around the Bethnal Green area of London. The practice operates under an Alternative Provider Medical Services (APMS) contract (a locally negotiated contract between NHS England and general practices for delivering general medical services). The practice is part of NHS Tower Hamlets Clinical Commissioning Group (CCG) which consists of 37 GP practices split into eight networks. Pollard Row Practice is part of The One Network comprising of four other neighbouring practices.

The practice participates in a local health initiative run by the CCG which includes care packages for patients with diabetes, hypertension and COPD (chronic obstructive pulmonary disease). The practice also provides a number of directed enhanced services (schemes that commissioners are required to establish or to offer contractors the opportunity to provide linked to national priorities and agreements) including avoiding unplanned admissions, learning disabilities and dementia.

In September 2014, all GP practices in Tower Hamlets formed a Community Interest Company (GP Care Group) with the aim to provide innovative high quality, responsive

and accessible health services. In March 2015, GP Care Group successfully obtained additional investment from 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) to provide out of hours access to appointments through several hub practices.

The practice population is in the first most deprived decile in England. People living in more deprived areas tend to have greater need for health services. The practice has a large working-age population (72% of the population are aged between 15 and 44).

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services and surgical procedures. The practice told us they are not currently undertaking minor surgical procedures.

The practice staff comprises two male GP partners (seven sessions each per week), one female salaried GP (three sessions per week), a practice nurse (34 hours per week), a healthcare assistant (12 hours per week), a practice manager (37.5 hour per week), a practice supervisor, two administrators and five receptionists.

The practice is open between 8am and 8pm Monday, Tuesday, Wednesday and Friday and until 1pm on Thursday. Appointments were available from 8am to 1pm Monday to Friday and from 2pm to 8pm Monday, Tuesday, Wednesday and Friday.

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.

There were no previous performance issues or concerns about this practice prior to our inspection.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

The practice had not been previously 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 4 February 2016. During our visit we:

- Spoke with a range of staff (GPs, practice manager, practice supervisor, practice nurse, healthcare assistant and receptionists) 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.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when a patient collapsed in the waiting room and was attended to by the duty doctor whilst waiting for the ambulance, it was felt that the patient's dignity and respect could have been enhanced with the use of a portable curtain screen available in the nurse's room. The practice has a nominated lead doctor to oversee significant events. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare, including out of hours contact details. 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. The practice maintains a register of vulnerable children and adults and demonstrated an alert system on the computer to identify these patients. All staff we spoke with were aware of this system. Staff demonstrated they

understood their responsibilities and had all received safeguarding children and safeguarding adult training relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained and staff we spoke with demonstrated they understood their responsibilities and role in the procedure. All staff had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff had received up to date on-line training including in-house handwashing training undertaken by the practice nurse. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We also saw audits of the cleaning regime undertaken by the practice nurse. There were spill kits in the practice and all staff we spoke with were aware of their location.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice mostly kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice demonstrated a computerised system of vaccine stock control. However, within the vaccine fridge we found five out-of-date Shingles vaccines from December 2015. The practice took immediate action and removed and isolated the vaccines in accordance with their vaccine policy and raised a significant event. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. There was an effective system of managing repeat prescriptions. When a patient collected a repeat prescription it was recorded on the clinical system and the date recorded. At the end of each month any repeat

Are services safe?

prescriptions not collected were recorded on the clinical system, securely destroyed and the GP informed. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. These were signed by the practice nurse and lead GP. The practice had a system for production of Patient Specific Directions to enable the healthcare assistant to administer vaccinations after specific training when a doctor or nurse were on the premises. 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. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis. We saw evidence of annual immunisation training by the practice nurse and healthcare assistant.

- 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.
- 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 nurse demonstrated a computerised log of all cervical smears undertaken and an audit of the smear results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. All staff had received on-line health and safety training. 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 legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice partners also ensured that their leave periods did not occur at the same time and certain administration and reception staff did not take leave at the same time. The practice had access to regular GP locum staff through an agency. The practice had a locum pack and maintained a box of medical equipment and resources required by a visiting locum.

Arrangements to deal with emergencies and major incidents

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

- There was a panic alarm system in each consultation room and on reception which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through regular clinical meetings and we saw minutes of these meetings.

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 95.5% of the total number of points available, with 6.2% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for hypertension related indicators was comparable with the national average. For example, 87.39% of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less compared with a national average of 83.65%.
- Performance for mental health related indicators were above the national average. For example, 90.48% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88.47% and the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 100% compared with a national average of 89.55%.

- Performance for dementia related indicators were above the national average. The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 92.5% compared with a national average of 84.1%.
- Performance for diabetes related indicators was similar to the national average. For example, 76.14% of patients with diabetes, on the register, in whom the last blood sugar (IFCC-HbA1c) is 64mmol/ml or less in the preceding 12 months, was comparable to the national average of 77.54%. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 91.76% compared with a national average of 78.03%.

The practice participated in a local network initiative run by the CCG. This is a process of evaluating performance data from the practice and benchmarking it to surgeries in their network. The data covered such issues as percentage of patients who have had a mental health review by a GP in the last 12 months (100% achieved against an upper target of 90%) and patients with diabetes who had a written care plan and attended an annual consultation in the last 15 months (89.3% achieved against an upper target of 90%).

The practice was also involved in monthly network meetings with other local practices to discuss and improve outcomes. Targets for performance improvement were discussed and agreed at the meetings.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits conducted in the last two years and both of these were completed audits where the improvements made were implemented and monitored. For example, the practice had carried out an audit of antibiotic prescribing. This resulted in use of delayed antibiotic prescribing and an update of the locum pack to include the latest local prescribing guidelines.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

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. It covered such topics as fire safety, health and safety and first aid.
- 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 administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals 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 appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, infection control, dementia awareness, conflict resolution, health and safety, chaperoning, equality and diversity and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place for palliative care and elderly patients which included regular meetings with the manager at the adjacent care home.

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.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82.96%, which was comparable to the national average of 81.83%. The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice nurse demonstrated a computerised log of all smears undertaken and an audit of the results. The practice has a policy for non-attenders. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, data from the 2014/15 CCG-monitored targets showed childhood immunisation rates for the vaccinations given to under two year olds ranged from 79.63% to 83.33% and five year olds from 95.65% to 97.83%. The practice had a system in place to follow up those children who did not attend for vaccinations.

Are services effective?

(for example, treatment is effective)

Flu vaccination rates for the over 65s were 81.87% and at risk groups 74.85% which were above the national averages of 73.25% and 61.12% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate

follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice was involved in a local CCG initiative to offer and undertake NHS health checks. Data from 2014/15 showed that the practice had undertaken 18.9% of the eligible cohort against an upper target of 17%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 39 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. 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 CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 86% said the GP gave them enough time (CCG average 80%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%).
- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).

- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 81%, national average 91%).
- 91% said they found the receptionists at the practice helpful (CCG average 84%, national average 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 on the comment cards we received was also positive and aligned with these views.

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:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%).
- 81% said the last nurse they saw was good at involving them in decisions about their care (CCG average 76%, national average 85%).

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. The practice would give advice on how to find a support service and there is access to a self-referral bereavement counselling.

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 participates in a local health initiative run by the CCG and is part of the Tower Hamlets Community Interest Company (GP Care Group) which has successfully obtained additional investment from the Prime Minister's Challenge to provide access out of hours through several hub practices.

- Patients can book and cancel appointments, request repeat prescriptions and update personal information through the practice website.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 8pm Monday, Tuesday, Wednesday and Friday and until 1pm on Thursday. Appointments were available from 8am to 1pm Monday to Friday and from 2pm to 8pm Monday, Tuesday, Wednesday and Friday. 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. Patients could book and cancel appointments through the practice website.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 94% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 58% patients said they always or almost always see or speak to the GP they prefer (CCG average 52%, national average 59%).

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

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 such as a poster in the waiting room.

We looked at six complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way with openness and transparency and included details of how to contact an advocacy service and the NHS Ombudsman if not satisfied. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice implemented a system of sending out a 'congratulations on your pregnancy' information letter to all new mums following a complaint from a newly pregnant lady that the GP did not discuss the next steps of her pregnancy. The letter explains what to expect following referral to antenatal clinic and contains useful contact telephone numbers.

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 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.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- 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 in doing so and felt supported if they did.
- 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. 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. There was an active PPG which met every two to three months. The group was representative of the practice population and consists of patients with ages ranging from 31 to 90 years. Improvements to the service which have been made as a result of PPG feedback include the addition of a in-house phlebotomy clinic and female GP sessions.

Continuous improvement

There was a strong 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.