

Harley Grove Medical Centre

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 Harley Grove Medical Centre on 8 March 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.
- 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.
- The national GP patient survey findings were significantly higher than the national and local averages in several areas. Most notably patients found getting through to the practice by phone to be significantly above average, and the helpfulness of staff was rated highly by patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Ensure there is an effective system for recording to whom prescription pads are issued to.
- Review the arrangements in place for hard of hearing patients.

Summary of findings

- Ensure the practice actively identifies and supports patients who are also carers.

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.

- 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.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were in line with local and national averages.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care. For example, 92% said the GP was good at listening to them (CCG average 84%, national average of 89%) and 92% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice participated in a local health initiative, which included care packages for patients with diabetes, hypertension and COPD (chronic obstructive pulmonary disease). It is part of Tower Hamlets Community Interest Company which has successfully obtained additional investment to provide out of core hours access through several hub practices.
- Data from the National GP Patient Survey showed patients rated the practice higher than others for access to care and treatment. For example, 91% said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 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. Data from the National GP Patient Survey showed 64% of patients said they usually get to see or speak to the GP they prefer (CCG average 52%, national average 59%).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, held regular governance meetings and had named staff in lead roles.
- 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.
- 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

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients who were on the avoidable admissions register and integrated care programme were given a separate number to call to enable them to get through to the practice quickly and by-pass the main line.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice held a weekly anticoagulation clinic.
- The practice hosted two specialist diabetic clinics per month for patients with poorly controlled diabetes for insulin initiation. The diabetic specialist nurse was accompanied by a Bengali-speaking interpreter.
- The practice attended a bi-monthly network multi-disciplinary team meeting with a consultant diabetologist to discuss the management of patients with complex or uncontrolled diabetes.
- Performance for diabetes related indicators was variable. For example, the percentage of patients in whom the last blood pressure reading within the preceding 12 months was 140/80 mmHg or less was 87% which was higher than the national average of 78% and the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 88% which was higher than the national average of 80%. However, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 68% which was lower than the national average 78%.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had installed a 'Surgery Pod' in the waiting room. The Surgery Pod enabled patients to measure their own vital signs, including weight and blood pressure, and to answer lifestyle questions. The information gathered was integrated into the practice's clinical system.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was comparable to the national average (practice 79%, national 75%).
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test including the use of advocates for non-English speaking patients.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held a child health surveillance clinic every Friday with a Bengali-speaking advocate.
- Performance for childhood immunisation as part of a CCG initiative for 2015/2016 showed in Quarter 1 (April to June 2015) that rates for the vaccinations given to under two year olds was 100% against a target of 95% and five year olds ranging from 96% to 100% against a target of 95%
- The practice referred into several health initiatives in Tower Hamlets which included Fit4Life (a physical activity, healthy eating and weight loss programme), MEND (a childhood obesity initiative aimed to help children become fitter, healthier and happier whilst having fun), and MEND Mums (a post-natal weight management programme).

Good



Summary of findings

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 population had out of core hours access to appointments on Monday and Friday until 7.30pm and access to local hub practices on Saturday and Sunday.
- The practice was proactive in offering online services and patients could book and cancel appointments, request repeat prescriptions and update personal information through the practice website. The practice operated an automated text reminder system for appointments.
- The practice had also joined a pilot, supported by the CCG, to offer Web-GP (e-consultations and information sharing about health issues).

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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).

Summary of findings

- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months was 100% which was above the national average of 84%.
- 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.
- The practice hosted a weekly in-house clinical psychology clinic.

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 comparably and in some areas above the CCG and national averages, for example getting through to the surgery on the phone. Four hundred and ten survey forms were distributed and 87 were returned. This represented a 21.2% response rate and 1.5% of the practice's patient list.

- 91% found it easy to get through to this surgery by phone which was higher than the CCG average of 67% and national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 78%, national average 85%).
- 85% described the overall experience of their GP surgery as (CCG average 76%, national average 85%).

- 77% said they would recommend their GP surgery to someone who had 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 41 comment cards all of which contained positive views about the service experienced. Patients said they felt all members of staff were friendly and welcoming and they were always treated with dignity and respect.

We spoke with 10 patients during the inspection. All 10 patients said they were happy with the care they received and thought staff were approachable, committed and caring.

The results of the friends and family test collected by the practice for October to December 2015 showed 94% of respondents were extremely likely or likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Ensure there is an effective system for recording to whom prescription pads are issued to.
- Review the arrangements in place for hard of hearing patients.
- Ensure the practice actively identifies and supports patients who are also carers.

Harley Grove Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Harley Grove Medical Centre

Harley Grove Medical Centre is situated at 15 Harley Grove, London E3 2AT in a two-storey purpose built surgery with nine consulting rooms on the ground floor and staff offices on the first floor. The practice provides NHS primary care services to approximately 5,800 patients living in Tower Hamlets through a Personal Medical Services (PMS) contract (an alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice is part of NHS Tower Hamlets Clinical Commissioning Group (CCG) which consists of 36 GP practices split into eight networks. Harley Grove Medical Centre is part of the Bow Health Network which comprises of five local practices and the North-East Locality Commissioning Group.

The practice population is in the second most deprived decile in England. People living in more deprived areas tend to have a greater need for health services. Approximately 70% of the practice population are from an ethnic minority, predominantly from the Bengali community.

The practice is a GP Registrar training practice and teaching practice for 2nd year medical students from Queen Mary University and Westfield University. There is currently one GP registrar attached to the practice.

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 disability health checks and dementia diagnosis.

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 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; surgical procedures; and family planning.

The practice provides a range of services including child health surveillance and immunisations, clinics for patients with long term conditions, contraceptive advice, travel health, NHS health checks and phlebotomy.

The practice staff comprises of one male GP partner (seven sessions per week) and one female GP partner (three

Detailed findings

sessions per week), three male salaried GPs and one female salaried GP (totalling 21 sessions per week), one male GP registrar, a practice nurse (32 hours per week), a healthcare assistant (24 hours per week), a phlebotomist, a practice manager, a secretary, two administrators and four receptionists.

The practice is open between 9am and 6.30pm Monday, Tuesday, Wednesday and Friday and from 8.30am to 1.30pm on Thursday. Doctors are on call between 8am and 9am on week days for telephone consultation and home visits. Extended surgery hours are offered on Monday and Friday from 6.30pm to 7.30pm at which both doctor and healthcare assistant appointments are available.

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.

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 8 March 2016. During our visit we:

- Spoke with a range of staff (GP partners, salaried GPs, GP registrar, practice manager, practice nurse, healthcare assistant, phlebotomist, administrators 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 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. The practice had recorded 21 significant events in 2015.

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, an automatic door was installed to the entrance of the surgery following a safety incident with the previous manual door.

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. There was a lead member of staff for safeguarding. The safeguarding lead attended safeguarding meetings with the health visitors and locality practices. The practice maintained a register of vulnerable children and adults and demonstrated an alert system on the computer to identify these patients.

All staff we spoke with were aware of this system. Staff demonstrated they understood their responsibilities and had all received training to a level relevant to their role. GPs and the practice nurse were trained to Safeguarding level 3.

- A notice in the waiting room and all 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 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. There was a cleaning schedule. 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 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. For example, chairs in clinical rooms were replaced with impermeable and washable material. All staff we spoke with knew the location of bodily fluid spill packs.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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 serial numbers were recorded. However, there was no system in place to record who they were issued to. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and these were signed by the practice nurse and lead GP. (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).
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

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 which identified 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 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 that

enough staff were on duty. The practice told us it regularly monitored access (demand versus availability of appointments). This analysis has resulted in more doctors on duty when demand was found to be higher.

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 nurse's room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book 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 which included a 'buddy' system with a local practice. 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. We reviewed a sample of patients' care records and care plans and found they were documented to a good standard. The GPs frequently used computer generated templates to ensure that the treatment provided was comprehensive, standardised and took into account best practice guidance. The GPs led in specialist clinical areas such as mental health, diabetes, hypertension, sexual health and were able to offer colleagues expertise in these areas.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92.9% of the total number of points available, with 3.7% 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 apart from one mental health-related indicator. Data from 2014/15 showed;

- Performance for diabetes related indicators was variable. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 68% (national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 96% (national average 94%).
- Performance for mental health related indicators was lower than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 50% (national

average 88%). The practice told us that this had been a data capture issue with a new clinical template and not all clinical staff were completing it in its entirety. The process had been rectified for the 2015/16 QOF year.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. The practice also shared with us a minor surgery and cervical smear audit.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, an audit of antibiotic prescribing in line with local antibiotic prescribing guidelines resulted in a 21% reduction in the prescribing of three specific antibiotics.

Effective staffing

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

- The practice had an induction programme and booklet for all newly appointed clinical and non-clinical staff. It covered such topics as safeguarding, health and safety, medical emergencies, information governance and significant events.
- 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 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 during sessions, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support, information governance awareness and health and safety. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice used an IT interface system (GP2GP) which enables patients' electronic health records to be transferred directly and securely between GP practices. This improves patient care as GPs will usually have full and detailed medical records available to them for a new patient's first consultation.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis incorporating reviews of patients at risk of hospital admission, patients receiving end of life care, and those who had complex needs. These meetings were attended by the community nursing team, palliative care team and mental health team as required.

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 was able to provide some services on site, for example, a specialist diabetic nurse and diabetic dietitian, health trainers, smoking cessation, mental health liaison nurse and a psychologist/counsellor.
- The practice referred into several health initiatives in Tower Hamlets which included Fit4Life (a physical activity, healthy eating and weight loss programme), MEND (a childhood obesity initiative aimed to help children become fitter, healthier and happier whilst having fun), and MEND Mums (a post-natal weight management programme).
- The practice had installed a 'Surgery Pod' in the waiting room. The Surgery Pod enabled patients to measure their own vital signs, including weight and blood pressure, and to answer lifestyle questions. The information gathered was integrated into the practice's clinical system.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test which included the use of advocates for non-English speaking patients. 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.

Are services effective?

(for example, treatment is effective)

Data for childhood immunisation rates for 2014/2015 indicated vaccinations given to under two year olds ranged from 52.4% to 95.2% and five year olds from 56.4% to 96.4%. The practice was involved in a local CCG initiative to offer and monitor the uptake of childhood immunisations. Data provided by the locality for 2015/2016 Quarter 1 (April to June 2015) showed that childhood immunisation rates for the vaccinations given to under two year olds was 100% against a target of 95% and five year olds ranging from 96% to 100% against a target of 95%

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for 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 provided by the locality for 2015/16 showed that the practice had exceeded its uptake target of 17% of the eligible cohort every month. For example, the practice had undertaken 21% of health checks in January 2016.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We spent time in the reception area and observed a number of interactions between the reception staff and patients coming into the practice. The quality of interaction was good and staff were friendly, helpful and professional both on the phone and face to face.

- 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 41 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 to CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 83% said the GP gave them enough time (CCG average 80%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 81% 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 nurse was good at listening to them compared to the CCG average of 81% and national average of 91%.
- 91% said the nurse gave them enough time (CCG average 83%, national average 92%).
- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG average 81% national average 91%).
- 92% 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%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%).
- 88% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 90%.
- 78% 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. The practice advertised languages spoken in-house by the team which included Bengali, Sylheti, Urdu, Hindi, Tamil and Punjabi. The practice also had Bengali health advocates attached to the practice to provide interpreting services on Monday and Friday in the

Are services caring?

child health surveillance clinic. The practice provided a number of health education leaflets in Bengali which included information on smears, breast examination, diabetes and blood pressure.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room and a TV display screen advised 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 1% of the practice

list as carers however we did not see evidence they were proactively trying to identify carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice sent them a condolence card followed by a patient consultation at a flexible time and location to meet the family's needs. The practice had a bereavement protocol which all staff we spoke with were aware of. A poster and advice leaflets on how to find a support service were also available in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours clinics on Monday and Friday between 6.30pm and 7.30pm for working patients who could not attend during normal opening hours. Patients had access to doctor and healthcare assistant appointments in these sessions.
- 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, baby changing facilities and translation services available. However there was no hearing loop for hard of hearing patients.
- Bengali health advocates were attached to the practice to provide interpreting services on Monday and on Friday in the child health surveillance clinic. The advocates also assisted the practice with the follow-up of patients not attending for cervical screening and health promotion invitations, for example breast screening.

Access to the service

The practice was open between 9am and 6.30pm Monday, Tuesday, Wednesday and Friday and from 8.30am to 1.30pm on Thursday. Extended surgery hours were offered on Monday and Friday evening from 6.30pm to 7.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, telephone consultations and urgent appointments were also available

for people that needed them. The practice had initiated an urgent access appointment request system for patients unable to get a routine appointment. Patients requesting an appointment within 48 hours completed a form and the duty doctor called the patient back and assessed the urgency and made a suitable appointment. The practice told us they regularly monitored patient access and the appointment system had changed and developed over years of continual evaluation.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. This was also reflected in the CQC comment cards and national GP patient survey in which 80% of patients described their experience of making an appointment as good (CCG average 65%, national average 73%) and 95% of patient said the last appointment they got was convenient (CCG average 88%, national average 92%).

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 91% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 64% patients said they usually get to see or speak to the GP they prefer (CCG average 52%, national average 59%).

Listening and learning from concerns and complaints

Information about raising concerns was detailed in the practice's patient information leaflet and at reception in the form of a poster and complaint leaflet. The procedure was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

A log of formal complaints was kept. We looked at nine of these and saw that they had been recorded in detail and responded to appropriately. There was good evidence of the action taken to prevent their reoccurrence. For example, in response to a patient complaint about being removed from the practice list due to non-attendance of

Are services responsive to people's needs? (for example, to feedback?)

appointments, the practice reviewed its policy to ensure individual circumstances around non-attendance were taken into account to ensure vulnerable patients were not removed.

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 shared with us their business plan which reflected the vision and values and all staff we spoke with were aware of 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.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. We reviewed two clinical audits and two reviews to processes that showed improvements had been made.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a meeting structure in place that allowed for lessons to be learned and shared following significant events and complaints. Staff groups including the community team attended meetings where the agenda items regularly included significant events, complaints, safeguarding and at risk patients.

Leadership and culture

The GP partners had the experience, capacity and capability to run the practice to ensure high quality care. They prioritised safe, high quality and compassionate care. Staff clearly enjoyed their work citing good team work and support as the reason. Staff told us that there was an open culture within the practice and they had the opportunity to raise their concerns. They reported that the practice manager and GPs were very approachable.

We were shown a clear leadership structure that had named members of staff in lead roles. For example, in

infection prevention and control, safeguarding, complaints, GP training, medicines management and mental health. Communication across the practice was structured around key scheduled meetings. There was a weekly clinical meeting and a monthly staff team meeting. Good quality minutes were kept of these and were available to staff. Staff told us they valued these meetings.

The senior GP partner is a Board Member of the locality network and the practice also engaged in network meetings and forums where there were opportunities to learn and share with other practices.

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), surveys, NHS Choices and complaints received. The practice also participated in the Friends and Family Test (FFT) as another way to seek patients' feedback. Results for October to December 2015 showed 94% of respondents were extremely likely or likely to recommend the practice. There was an active PPG which met every three months. Doctors and key members of staff attended the meetings. We spoke with three members of the group who reported that the practice listened, and were responsive, to the issues they raised. For example, the practice initiated an urgent access appointment request system following feedback regarding access to routine appointments.

The practice had undertaken two in-house surveys in October 2015 and February 2016 regarding access to and the care and treatment from the practice nurses and general practitioners.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Monthly meetings were held involving staff which were well attended. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Are services well-led?

Good 

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

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.