Harford Health 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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Harford Health Centre on 1 March 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 1 March 2016 inspection can be found by selecting the 'all reports' link for Harford Health Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 11 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 1 March 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had acted upon the findings of our previous inspection and engaged in a quality improvement programme to review processes and systems specifically around access and develop

Summary of findings

internal efficiencies. The practice had reported a positive impact on patient satisfaction from feedback through internal surveys, the patient participation group and the Friends and Family Test.

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

In addition the provider should:

- Continue to monitor access to appointments and contacting the surgery by telephone to ensure that improvement measures put in place continue to impact positively on patient satisfaction.
- Continue to monitor patient uptake of the cervical screening programme.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The practice had addressed and made improvement to the findings from our previous inspection in respect of recruitment processes, prescription pad security and business continuity plan arrangements.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the local and national averages.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable and was coordinated with other services which included close liaison with a local hospice and monthly multi-disciplinary care meetings.

Summary of findings

- The practice had addressed and made improvement to the findings from our previous inspection in respect of an on-going quality improvement programme, staff appraisals and mandatory training.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients we spoke with they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible in the surgery, on its website and through a patient newsletter.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, it had engaged a social prescriber (a means of enabling health care professionals to refer patients with social, emotional or practical needs to a range of local, non-clinical services in the wider community).
- The practice had acted upon findings of our previous inspection and the national GP patient survey in respect of access at the practice and had increased its extended hours provision to an additional evening and on Saturday morning, had recruited an independent prescriber and commenced access to e-consult, a platform that enabled patients to self-manage and consult on-line with their own GP through their practice website.
- The practice had undertaken internal surveys to measure impact on patient satisfaction and had reported improvement. We also saw evidence of improvement in the Friends and Family Test and feedback from patients and the patient participation group (PPG).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Since our previous inspection the practice had worked with its clinical commissioning group on a quality improvement programme to review processes and systems and develop internal efficiencies.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

People with long term conditions

Good

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice had a diabetes clinical prevalence higher than local and national averages (practice 11%; CCG average 7%; national average 7%). Performance for diabetes related indicators was comparable to the CCG and national averages. 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 72% (CCG average 74%; national average 78%).
- The practice hosted a specialist diabetic clinic for patients with poorly controlled diabetes for insulin initiation.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for the vaccinations given to the under two year olds and for five year olds were higher than the national average.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 72% which was comparable with the CCG average of 74% and the national average of 76%.
- The practice's uptake for the cervical screening programme was 66%, which was lower than the CCG average of 78% and the national average of 81%. Since our last inspection the practice had implemented a Saturday morning nurse clinic for working patients to attend for cervical screening. 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. There were baby changing and breast feeding facilities and these were advertised in the waiting area.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had been awarded the 'You're Welcome Award' (a programme aimed to support health services to be more young people friendly).
- The practice referred into several health initiatives in Tower Hamlets which included Fit4Life (a physical activity, healthy eating and weight loss programme) and a childhood obesity initiative aimed to help children become fitter, healthier and happier whilst having fun.

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 this population had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, it offered extended opening hours two nights per week and Saturday appointments.
- 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. Patients also had access to e-consult, a platform that enabled patients to self-manage and consult on-line with their own GP through their practice website.
- The practice had set up a weekly walking club and a 50+ free tea and coffee club in the café within the premises which enabled patients to exercise and socialise.

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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and signposted vulnerable patients through its social prescribing referral system to various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a Bengali and Somali-speaking advocate available in the practice two morning a week. The patient arrival system was available in several languages which reflected the patient demographic.

Summary of findings

- Clinical staff members had undertaken Identification and Referral to Improve Safety (IRIS) training. This is a general practice based domestic violence and abuse (DVA) training, support and referral programme for primary care staff and provided care pathways for all adult patients living with abuse and their children.

People experiencing poor mental health (including people with dementia)

Good

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

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% (CCG average 89%; national average of 89%) and the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 80% (CCG average 90%; national average 89%).
- 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 88% (CCG average 91%; national average 84%).
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice signposted patients experiencing poor mental health to support groups and voluntary organisations through its social prescribing referral programme.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 for the most recent data. The survey presents the results of aggregated data collected across two separate waves of fieldwork, from July to September 2015 and again from January to March 2016. Three hundred and seventy survey forms were distributed and 82 were returned. This represented 0.8% of the practice's patient list and a completion rate of 22%. The results showed the practice was performing significantly below local and national averages. For example:

- 44% of patients described the overall experience of this GP practice as good compared with the CCG average of 77% and the national average of 85%.
- 21% of patients find it easy to get through to the surgery by phone compared with the CCG average of 67% and the national average of 73%.
- 32% of patients described their experience of making an appointment as good compared with the CCG average of 65% and the national average of 73%.
- 42% of patients said they would recommend this GP practice to someone who has just moved to the local area as compared with the CCG average of 72% and the national average of 78%.

At the time of our last inspection in March 2016 patients told us it was difficult to get through on the telephone and to get an appointment to see a GP. These findings correlated with the results of national GP patient survey data published in July 2016. Since our last inspection the practice had focussed on its poor feedback results specifically around access and had engaged in a quality improvement initiative to develop efficient processes and systems to increase access to appointments. For example, the practice had:

- Increased its extended hours provision to an additional evening per week and on Saturday morning.
- Employed an Independent Prescriber.
- Engaged a social prescriber which enabled the practice to appropriately signpost patients with non-medical conditions.
- Initiated access to e-consult (a platform that enabled patients to self-manage and consult on-line with their own GP through their practice website).
- Actively promoted the usage of on-line appointment booking.
- Reviewed the efficiency of its telephony system and made adjustments to the patient queuing system.

The practice shared with us an internal survey undertaken in April 2017 to monitor if patient satisfaction had increased as a result of its improvement initiatives. The practice distributed 100 surveys and 60 were returned. The results showed that 89% of patients were either very satisfied or satisfied with their experience of making an appointment. This demonstrated an improvement on the findings of the national GP patient survey when 32% of patients described their experience of making an appointment as good.

Furthermore, the Friends and Family Test (FFT) results had increased from 30% of patients would recommend the practice at our previous inspection to 82% of patients would recommend the practice. We saw that the practice had provided feedback to patients on its FFT results in the practice newsletter.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards of which 17 were positive and four contained mixed comments of which two comments related to getting an appointment. All 21 of the cards said it was a very good service and that staff were helpful, friendly and respectful. Two cards contained comments that there had been an improvement getting through to the practice by telephone and were happy that Saturday morning appointments were available. At our previous inspection we had received 27 comment cards of which 12 contained positive views, nine contained positive and negative comments and six were negative. The negative comments related to the appointment system, getting through on the phone and rude staff.

We spoke with six patients during the inspection all of whom were satisfied with the care they received and thought staff were approachable, committed and caring.

Summary of findings

The most recent results of the Friends and Family Test (FFT) showed that 82% of patients would recommend the practice. This had improved significantly since our last inspection when results showed that only 30% of patients would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Continue to monitor access to appointments and contacting the surgery by telephone to ensure that improvement measures put in place continue to impact positively on patient satisfaction.
- Continue to monitor patient uptake of the cervical screening programme.

Harford Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Harford Health Centre

Harford Health Centre operates from a modern purpose-built medical centre with nine clinical consulting rooms located on the ground floor at 115 Harford Street, London, E1 4FG. There is an independently-operated pharmacy within the building. The property is managed and maintained by NHS Property Services.

The practice provides NHS primary care services to approximately 10,200 patients and operates under 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).

The practice is registered as a partnership 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, family planning and surgical procedures.

The practice population is in the second most deprived decile in England. People living in more deprived areas tend to have greater need for health services. The practice has a much larger than average proportion of young male and female adults on its patient list, particularly in the age ranges 25-29 and 30-34. The practice population is 60% Bengali and Somali ethnic origin. Forty percent of consultations require a telephone interpreter or health advocate interpreter at the consultation.

The practice staff comprises of a male GP partner (eight sessions per week), a female salaried GP partner (eight sessions per week), two female salaried GPs and one male salaried GP (totalling 14 sessions per week). The practice told us they currently have two full-time (eight session) salaried GP vacancies and were using regular locum doctors to provide the clinical sessions. In addition, the practice comprises an independent prescriber, two full-time nurse practitioners, two practice nurses, two healthcare assistants and a phlebotomists. The team is supported by a full-time practice manager and deputy practice manager and 17 administration and reception staff.

The practice is open between 8am and 6.30pm Monday to Friday, except Wednesday between 1pm to 3pm when calls are diverted to the local out of hours service. Extended hours appointments were offered on Monday and Wednesday from 6.30pm to 8pm and Saturday from 9am to 12 noon.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111. Patients can also access appointments out of hours through several hub practices within Tower Hamlets between 6.30pm and 8pm on weekdays and 8am to 8pm on weekends.

Detailed findings

Why we carried out this inspection

We undertook an announced comprehensive inspection at Harford Health Centre on 1 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was requires improvement. The full comprehensive report on the 1 March 2016 inspection can be found by selecting the 'all reports' link for Harford Health Centre on our website at www.cqc.org.uk.

We undertook a follow-up announced comprehensive inspection of Harford Health Centre on 11 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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 11 May 2017. During our visit we:

- Spoke with a range of staff (practice manager, senior partner, lead nurse, salaried GPs, independent prescriber, practice nurse and receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Inspected the facilities, equipment and premises.
- Reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment and training records, safeguarding referrals, significant events, patient survey results, complaints, meeting minutes and performance data.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Good

Are services safe?

Our findings

At our previous inspection on 1 March 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment processes, prescription pad security and the business continuity plan required improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 11 May 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- There was a lead for significant events and staff had access to an operational policy. We saw evidence of posters within the practice advising staff how to report a significant event which outlined three levels of classification in a 'traffic light' format.
- Staff we spoke with 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).
- The practice had recorded six significant events in the past 12 months. From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. Staff we spoke with told us incidents and patient safety alerts were discussed in practice meetings and outcomes and learning shared. The practice carried out a thorough analysis of the significant events.
- The practice also maintained a risk register which it reviewed and updated regularly. The practice had listed GP recruitment as an on-going risk. At the time of our previous inspection the practice had four salaried GP vacancies. It had since recruited two salaried GPs. The practice engaged two regular GP locums to cover the substantive vacant sessions.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the process to manage two-week wait referrals was reviewed and revised following the failure to send a referral. The practice had put mechanisms in place to track that referrals had been sent and contacted patients by telephone to ensure they had received an appointment and then followed-up to ensure they had attended the appointment. The checking process was completed when the referral report had been received by the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding children and adults. All staff we spoke with knew who the safeguarding leads were. GPs told us they attended safeguarding meetings when possible or provided reports where necessary for other agencies. 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 the safeguarding alert system.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs, practice nurses and the practice manager were trained to safeguarding level three, healthcare assistants to level two and non-clinical staff to level one.
- We observed safeguarding key contact details, referral flowcharts and guidance on domestic violence referrals displayed in consultation and treatment rooms.
- A notice in the waiting room and on consulting room doors advised patients that chaperones were available if required. All staff who acted as chaperones were trained

for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene.

- On the day of the inspection we observed the premises to be clean and tidy. The premises were maintained and cleaned by NHS Property Services. The practice told us that they were currently monitoring the standard of cleaning as internal infection control audits had identified high and low level dust. This was not evident on the day of the inspection.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol which included waste management and the safe handling of sharps and spillages. We observed that each consulting room had information displayed on good handwashing techniques, how to deal with a sharps injury and was well equipped with personal protective equipment and waste disposal facilities. All staff we spoke with knew the location of the bodily fluid spill kits and had access to appropriate personal protective equipment when handling specimens at the reception desk. We noted antibacterial hand gel located around the surgery, specifically at the automated patient check-in screen and in the waiting area.
- We saw evidence that the practice undertook monthly IPC audits and had taken action to address any improvements identified as a result. For example, some sharps bins had been found to be overfilled with contents above the recommended three quarter marker. The finding was cascaded to clinical staff. We observed on the inspection that sharps bins were appropriately placed, labelled and their contents did not exceed the maximum limit.
- The practice nurse told us that monthly audits were undertaken, which included monitoring the cleaning, and findings were reported to the practice manager. Outstanding actions were followed-up two weeks' later to ensure they had been actioned. The practice also had its own internal cleaning schedule for examination couches, clinical trollies and specific equipment used in the management of patients, for example, an ear irrigator and spirometer (an instrument for measuring the air capacity of the lungs). The practice had a system of labelling equipment with the date it had been cleaned.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. A two-cycle audit had been undertaken to review patients on the medicines methotrexate and lithium to ensure prescribing was in line with guidance.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Since our last inspection the practice had implemented a system to monitor the use of blank prescription forms and pads and we saw that these were securely stored. The practice employed a clinical pharmacist who had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. The role also included medicines reviews and medicines audits. They told us they received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that these were signed and dated by the prescribing lead and each practice nurse. Healthcare assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

At our previous inspection we found the practice did not have effective systems in place to ensure safe recruitment of staff. The practice had refined its processes and checking procedure. We reviewed three personnel files of staff recruited since our last inspection and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence

Good

Are services safe?

of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The premises were managed by the NHS Property Services who were responsible for facilities management, building maintenance and risk assessments which included control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and a poster located in the waiting area and staff area.
- NHS Property Services had undertaken a fire risk assessment of the building and there was a weekly test of the fire alarm. The practice had identified and trained three fire marshals within the practice and all staff were trained on fire safety awareness. All staff we spoke with knew where the fire evacuation assembly point was located.
- Each clinical room was appropriately equipped. We saw evidence that all electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice engaged two regular locums to fill vacant substantive GP sessions. The doctors operated a 'buddy' system for when they were absent from the surgery.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. All staff we spoke with knew where these were located.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had updated its business continuity plan since our last inspection. It contained a comprehensive continuity plan for major incidents such as power failure, IT loss or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 1 March 2016, we rated the practice as good for providing effective services. However, we noted there were areas where the provider should make improvements which related to developing an ongoing quality improvement programme and ensuring all staff had received an annual appraisal and mandatory training. These arrangements had significantly improved when we undertook a follow up inspection on 11 May 2017 and we also found the practice was good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Staff we spoke with told us they had access to the clinical commissioning group intranet to access local guidance.

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 94% of the total number of points available (CCG 95%; national 95%) with 5% overall exception reporting (CCG 5%; national average 6%). 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.

The practice had identified when reviewing and auditing its QOF performance for 2014/15 that there were inconsistencies in the clinical coding, ordering of investigations and the capturing of results for some of their patients on its chronic disease management registers. The practice reviewed the requirements of each of the clinical indicators within QOF, for example diabetes, asthma and hypertension, and devised reference cards which acted as a check list for GPs. The practice told us this ensured standardisation and consistency especially as it relied on regular locum GPs and felt it had impacted positively on their QOF achievement which had increased from 90% in 2014/2015 to 94% in 2015/2016.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

The practice prevalence of patients with diabetes was higher than the local and national averages (practice 11%; CCG 7%; national 7%). Data showed that performance for diabetes related indicators was comparable to the CCG and national averages. 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 72% (CCG average 74%; national average 78%) with a practice exception reporting of 7% (CCG average 7%; national 12%);
- 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 80% (CCG average 82%; national average 78%) with a practice exception reporting of 7% (CCG average 4%; national average 9%);
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 82% (CCG average 85%; national average 80%) with a practice exception reporting of 6% (CCG average 6%; national average 13%).

Performance for mental health related indicators was comparable to the CCG and national averages. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% (CCG average 89%; national average of 89%) with a practice exception reporting of 11% (CCG average 7%; national average 13%);
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol

Good

Are services effective?

(for example, treatment is effective)

consumption has been recorded in the preceding 12 months was 80% (CCG average 90%; national average 89%) with a practice exception reporting of 9% (CCG average 5%; national average 10%);
- 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 88% (CCG average 91%; national average 84%) with a higher than average practice exception reporting of 20% (CCG average 7%; national average 7%).

Performance for respiratory-related indicators was comparable to the CCG and national averages. For example:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 72% (CCG average 74%; national average 76%) with a practice exception reporting of 5% (CCG average 3%; national average 8%);
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness was 95% (CCG average 89%; national average 90%) with a practice exception reporting of 8% (CCG average 6%; national average 12%);
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 99% (CCG average 96%; national average 95%) with a practice exception reporting of 1% (CCG average 0.5%; national average 1%).

At our inspection we saw evidence of a quality improvement programme, including clinical audit:

- Since our previous inspection the practice had worked with its clinical commissioning group on a quality improvement programme to review processes and systems and develop internal efficiencies. The team shared with us an example where they had analysed and process-mapped the incoming clinical correspondence system. The exercise had demonstrated that the system had multiple 'touch points' (the total interactions with healthcare professionals) and the process was streamlined to create an effective and safe system which ensured correspondence was reviewed and actioned in a timely manner by the appropriate person. The practice told us their current focus was on process-mapping the systems relating to booking and recalling patients for cervical screening as this had been identified as an area where improvement was required in patient uptake.
- There had been four clinical audits commenced in the last two years, all of which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, at our previous inspection we saw that data for the period 1 July 2014 to 30 June 2015 showed that the practice was an outlier against the national percentage for the prescribing of the antibiotics cephalosporins and quinolones (practice 9.5%, national 5%). The practice had participated in a local on-going audit as part of the CCG Medicine Management Network Improvement Scheme on antibiotic prescribing. The latest data for 1 July 2015 to 30 June 2016 showed that the practice had reduced its prescribing of cephalosporins and quinolones to 7% which was comparable with local and national averages (CCG 6% national 5%).

Effective staffing

- The practice had an induction programme for all newly appointed staff. The inductions were adapted to the job role. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw evidence that staff who had been recruited since our last inspection had undertaken an induction.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had undertaken diabetes, asthma and COPD updates.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at nurse and practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Since our previous inspection all staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice operated a 'buddy' system for when clinicians were absent from the surgery.
- The practice used an IT interface system which enabled patients' electronic health records to be transferred directly and securely between GP practices. This improved patient care as GPs would have full and detailed medical records available to them for a new patient's first consultation.
- The practice maintained a register of its two-week wait referrals and contacted patients to ensure they had received an appointment and had attended the appointment. Two-week wait referral data showed that the percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two-week wait referral pathway was 73% which was higher than the CCG average of 67% and the national average of 49%. This gives an estimation of the practice's detection rate, by showing how many cases of cancer for people registered at a practice were detected by that practice and referred via the two-week wait pathway. Practices with high detection rates will improve early diagnosis and timely treatment of patients which may positively impact survival rates.

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

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- Smoking cessation advice clinics were available at the practice.
- The practice hosted a specialist diabetic clinic for patients with poorly controlled diabetes for insulin initiation.
- The practice had been awarded the 'You're Welcome Award' (a programme aimed to support health services to be more young people friendly).
- The practice had set up a weekly walking club and a 50+ free tea and coffee club in the café within the premises to enable patients to exercise and socialise.
- The practice referred into several health initiatives in Tower Hamlets which included Fit4Life (a physical

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Are services effective?

(for example, treatment is effective)

activity, healthy eating and weight loss programme) and MEND (a childhood obesity initiative aimed to help children become fitter, healthier and happier whilst having fun).

The practice's uptake for the cervical screening programme was 66%, which was lower than the CCG average of 78% and the national average of 81%. Since our last inspection the practice had implemented a Saturday morning nurse clinic for working patients to attend for cervical screening. The practice were also reviewing their booking and recall system as part of its quality improvement initiative to ensure the processes were efficient. 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. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given to the under two year olds were higher than the national average. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice had achieved its target in all of the four areas. The practice's achievement ranged from 93% to 97%. These measures can be aggregated and scored out of 10, with the practice scoring 9.4 (compared to the national average of 9.1). Immunisation rates for five year olds ranged in all categories was 92% (national average between 88% to 94%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Since our last inspection the practice had increased its uptake of eligible patients from 16% which was below the target of 17% to an uptake of 25% of eligible patients.

Good

Are services caring?

Our findings

At our previous inspection on 1 March 2016, we rated the practice as good for providing caring services. At our follow up inspection on 11 May 2017 we also found the practice was good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same gender.

All 21 of the Care Quality Commission comment cards we received were positive about the service experienced. Four contained mixed comments which included the waiting time to get an appointment and not having enough time in a consultation. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 from data collected between July to September 2015 and January to March 2016 showed that the practice were below average for some of its satisfaction scores on consultations with GPs and nurses. For example:

- 65% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 59% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 74% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 65% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 71% of patients said the nurse was good at listening to them compared with the CCG average of 82% and the national average of 91%.
- 76% of patients said the nurse gave them enough time compared with the CCG average of 84% and the national average of 92%.
- 82% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 93% and the national average of 97%.
- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 91%.
- 65% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in July 2016 from data collected between July to September 2015 and January to March 2016 showed that the practice were below average for some of its satisfaction scores on questions about their involvement in planning and making decisions about their care and treatment. For example:

- 60% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.

Good

Are services caring?

- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 90%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- The practice embraced the Tower Hamlet CCG initiative social prescribing (a means of enabling health care professionals to refer patients with social, emotional or practical needs to a range of local, non-clinical services in the wider community) recognising that many patients attending the surgery had non-medical conditions. Referral pathway included weight management and fitness programmes, welfare benefits and housing, education and learning, social isolation and domestic violence. The practice had an allocated social prescriber who was at the practice once day a week.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital. Reception and administration staff had all been trained to assist patients with this process.
- The practice promoted 'Pharmacy First', an initiative where patients can access advice from a pharmacist on a range of minor health issues without an appointment free-of-charge. The practice had an on-site independent pharmacy and we saw poster and leaflets advertising service. Information was also available on the practice's website and in the newsletter.
- Staff told us that translation services were available for patients who did not have English as a first language. The practice population is 60% Bengali and Somali ethnic origin. Forty percent of consultations required an interpreter or health advocate. The practice had an on-site Bengali-speaking advocate on Tuesday and Wednesday morning and a Somali-speaking advocate on Wednesday and Thursday morning in addition to access to telephone interpreters. Patients were also told about multi-lingual staff who might be able to support them and we observed members of staff interacting with patients at reception in the patient's preferred language.

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 which included a link to NHS Choices Health A-Z.

At our previous inspection the practice did not maintain a carer's register. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 118 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 1 March 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of access required improvement.

These arrangements had improved when we undertook a follow up inspection on 11 May 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday and Wednesday evening from 6.30pm to until 8pm and Saturday from 9am to 12 noon for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and patient were able to cancel appointments by text.
- The practice told us they were responsive to the needs of its diverse patient population. For example, blood test advice and diabetes clinics during periods of fasting. We saw posters in the waiting area advertising these.
- There was a hearing loop, braille signage and translation services available including on-site Bengali and Somali-speaking advocates and multi-lingual staff. The patient arrival/check-in system was available in languages reflecting the patient population.
- The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms and was visible from reception. There was enough seating for the number of patients who attended on the day of inspection.
- Patients had access to baby changing and breast feeding facilities and these were advertised in the waiting room.
- The practice had an awareness of the Accessible Information Standard (aimed to make sure that people who have a disability, impairment or sensory loss getinformationthat they can access and understand, and any communication support that they need) and some staff had completed on-line training.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice closed on Wednesday from 1pm to 3pm and calls were diverted to the local out of hour's service. The practice had increased its extended hours provision since our last inspection. In addition to appointments offered on Monday from 6.30pm to 8pm, appointments were available on Wednesday from 6.30pm to 8pm and on Saturday from 9am to 12 noon. Patients also had access to appointments through several hub practices within Tower Hamlets between 6.30pm and 8pm on weekdays and 8am to 8pm on weekends.

In addition to pre-bookable appointments and telephone consultations, urgent appointments were also available for people that needed them. Patients also had access to e-consult, a platform that enabled patients to self-manage and consult on-line with their own GP through their practice website.

Results from the national GP patient survey published in July 2016 from data collected between July to September 2015 and January to March 2016 showed that the patient's satisfaction with how they could access care and treatment was below local and national averages.

- 55% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 21% of patients said they could get through easily to the practice by phone compared to CCG average of 67% and the national average of 73%.
- 61% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 79% and the national average of 85%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 73% of patients said their last appointment was convenient compared with the CCG average of 86% and the national average of 92%.
- 32% of patients described their experience of making an appointment as good compared with the CCG average of 65% and the national average of 73%.

However, since our last inspection the practice had focussed on its poor feedback results specifically around access and had engaged in a quality improvement initiative to develop efficient processes and systems to increase access to appointments. For example, the practice had:

- Increased its extended hours provision to an additional evening per week from 6.30pm to 8pm and on Saturday morning from 9am to 12 noon.
- Employed a clinical pharmacist who had qualified as an Independent Prescriber whose role included patient medicines reviews.
- Engaged a social prescriber (a means of enabling health care professionals to refer patients with social, emotional or practical needs to a range of local, non-clinical services in the wider community). The practice were able to signpost patients attending the surgery with non-medical conditions to the social prescriber.
- Initiated access to e-consult (a platform that enabled patients to self-manage and consult on-line with their own GP through their practice website).
- Actively promoted the usage of on-line appointment booking. Data provided by the practice showed an increase in uptake.
- Commenced the use of the text message appointment reminder service. Patients were also able to cancel appointments by text which avoided the need to telephone the practice.
- Carried out an audit of waiting times to get through to the surgery by telephone and the reason for accessing the service. This enabled the practice to ascertain peak periods and resulted in a refinement to the process of how and when patients received test results.
- Reviewed the efficiency of its telephony system and made adjustments to the patient queuing system.

The practice shared with us an internal survey undertaken in April 2017 to monitor if patient satisfaction had increased as a result of its improvement initiatives. The practice distributed 100 surveys and 60 were returned. The results showed that 89% of patients were either very satisfied or satisfied with their experience of making an appointment. This demonstrated an improvement on the findings of the national GP patient survey when 32% of patients described their experience of making an appointment as good.

Furthermore, the Friends and Family Test (FFT) results had increased from 30% of patients would recommend the practice at our previous inspection to 82% of patients would recommend the practice. We saw that the practice had provided feedback to patients on its FFT in the practice newsletter.

The practice had a system to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice had a complaints handling policy and process flowchart available to all staff.

There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. For example, information in the waiting room and complaint form and guidance.

The practice had recorded 20 complaints in the past 12 months of which 17 were written and three were verbal. We looked at two complaints received in the last 12 months in detail, one of which was in conjunction with NHS England, and found these had been handled satisfactorily and in a timely manner. We saw evidence of apology letters to patients which included further guidance on how to escalate their concern if they were not happy with the response. All complaints were included as a standing agenda item at practice meetings and we saw evidence of minutes of meetings.

Are services well-led?

Good

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

Our findings

At our previous inspection on 1 March 2016, we rated the practice as good for providing well-led services. At our follow up inspection on 11 May 2017 we also found the practice was good for providing well-led services.

Vision and strategy

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

- The practice told us that after the last inspection they had rewritten its mission statement in conjunction with all staff. It was displayed in the staff meeting room and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, safeguarding, complaint management and infection control.
- Practice specific policies were implemented and were available to all staff. Since our previous inspection the practice had procured a document compliance system to assist in the management of practice policies and documents and enable an audit trail. The policies we reviewed were in-date.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements which was an improvement on our previous inspection.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. The practice held practice meetings, clinical meeting, practice nurse meetings and reception meetings. Meeting minutes we reviewed showed that meetings were structured, detailed and well attended.

Leadership and culture

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with the integrated care team, district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular practice meetings and we saw that minutes were available. Practice nurse staff told us they attended practice nurse network meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- All staff we spoke with were positive about the quality improvement programme the practice had embarked

Are services well-led?

Good

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

on since our last inspection. Staff told us they felt involved in discussions about how to run and develop the practice through the initiative and were proud of the improvements made in systems and processes.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), surveys, the NHS Friends and Family Test (FFT), NHS Choices and comments and complaints received.
- The patient participation group (PPG) met regularly and we reviewed minutes of the April 2017 meeting. The meetings were attended by the partners, senior nurse and practice manager and open to all patients and not just those who had identified themselves as a PPG member. We spoke with members of the PPG who told us the that the meeting format had changed and that it was more interactive and informative.
- The practice had launched a newsletter for patients. The May edition we reviewed included information regarding e-consultations, results of the latest Friends and Family Test, information on health initiatives and guidance on diabetes and fasting during Ramadan.
- The practice engaged with staff and sought feedback through discussion, practice meetings and appraisals. Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice had worked with its clinical commissioning group on a quality improvement programme to review processes and systems and develop and promote internal efficiencies.
- The practice had embraced the social prescribing initiative (a means of enabling health care professionals to refer patients with social, emotional or practical needs to a range of local, non-clinical services in the wider community) recognising that many patients attending the surgery had non-medical conditions. Referral pathway included weight management and fitness programmes, welfare benefits and housing, education and learning, social isolation and domestic violence. The practice had an allocated social prescriber who was at the practice once day a week.
- The practice participated in a local health initiative which includes care packages for patients with diabetes, hypertension and COPD (chronic obstructive pulmonary disease).