

Tredegar Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tredegar Practice on 05 January 2017. 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 managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider should make improvement is:

- Strengthen security arrangements for storing the prescription pad kept in the visit bag.
- Continue to review and monitor performance in relation to COPD (chronic obstructive pulmonary disease) and childhood immunisations.

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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However the security arrangements for storing the prescription pad kept in the visit bag should be strengthened.
- 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 (QOF) for 2015-16 showed patient outcomes were at or above average compared to the national average in most areas. Data from the provider reviewed during the inspection showed the practice was on track to meet targets in 2016-17 in those areas where the need for improvement had been identified, including reviews for patients with COPD (chronic obstructive pulmonary disease), childhood immunisations, and recording patients' smoking status.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients in the main said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We received one negative patient comment about a rushed consultation where the doctor seemed unconcerned.
- 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.

- 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.
- Data from the national GP patient survey showed patients rated the practice higher than others for being able to access services.
- Patients said they were able to get an appointment when they needed one because of the walk in service, and that urgent appointments were available the same day. We received one negative patient comment about a lack of continuity of care.
- 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.

Good



Are services well-led?

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. They were engaged in the quality improvement work taking place at the practice.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered longer appointment times, home visits and urgent appointments for those with enhanced needs.
- A person-centred care planning approach to organising enhanced treatment and care for patients with complex and multiple needs was well established, as part of an integrated care local enhanced service.
- The patient's integrated care plan record was shared between the GP, hospital and social services with their consent to aid coordination of health and care services and understanding of the patient's wishes.

Good



People with long term conditions

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

- Nursing staff lead roles in chronic disease management were becoming established following changes in the nursing team and increased nursing capacity. This was having a positive effect on outcomes for patients, for example, 91% of patients with COPD had had their annual review at 25 October 2016. This compared with 54% of patients in the whole of 2015-16 (national average 90%).
- Patients at risk of hospital admission were identified as a priority.
- Performance against clinical targets for patients with diabetes was comparable to national averages.
- The practice hosted the diabetes and cardiovascular disease specialist nurse clinics for the network.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. 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.

Good



Summary of findings

- A person-centred care planning approach to organising enhanced treatment and care for patients with long term conditions and complex and multiple needs was well established as part of an integrated care local enhanced service.

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. This included regular liaison with the health visitor service.
- The practice was on track to meet childhood immunisation rates targets in 2016-17. For example 80% of children aged 2 had received all their immunisations at 15 December 2016. The provider had changed how the baby clinic was run as part of the plan to improve childhood immunisation rates, some of which had been below target for two year olds in 2015-16 (87% compared with the target of 90%).
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. The practice was 'You're Welcome' accredited which means it was meeting the Department of Health quality criteria for young people friendly health services.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. Midwives held a weekly clinic at the practice and the baby clinic held every two weeks at the practice included a GP, nurse and health visitor to provide families with one-stop services.
- The percentage of eligible women having the cervical screening test was comparable to the local and national averages.

Good



Working age people (including those recently retired and students)

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

- The 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.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- It provided phlebotomy, spirometry and 24 hour blood pressure monitoring to increase patients' access to these tests.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including frail patients with complex needs, those receiving palliative care, those at risk of avoidable admission to hospital and those with a learning disability.
- The practice offered longer appointments for patients where needed, for example those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice took part in the shared care scheme for people with drug addiction problems.
- 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.

Good



People experiencing poor mental health (including people with dementia)

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

- One hundred per cent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months in 2015-16, which was above the CCG average of 91% and the national average of 84%. The practice had 15 patients with dementia and reported no exceptions compared with the CCG and national average exception reporting rates, both at eight per cent. Exception reporting is the removal of patients from QOF calculations where, for example, patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.
- Patients with dementia were included in the integrated care local enhanced service.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- Eighty nine per cent of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months, which was the same as the CCG and national averages. The practice recognised the need to improve the recording of these patients' alcohol consumption, which was 62% of patients 2015-16 (CCG average of 90%, national average 89%), and had started to review performance against this indicator in its weekly performance monitoring meetings.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- Patients could access the clinical psychologist and the community mental health team at the practice.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with national averages. Three hundred and forty one survey forms were distributed and 104 were returned. This represented two per cent of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried (national average of 76%).
- 89% of patients described the overall experience of this GP practice as good (national average of 85%).
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area (national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards, 20 of which were wholly positive about the standard of care received. These patients described the staff as friendly, helpful and respectful. They said the doctors and nurses listened well and were reassuring, and provided the right care and treatment at the right time. One negative comment was received about a lack of continuity of care; a second about test results being misplaced; and a third was about a rushed consultation where the doctor seem unconcerned.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The NHS Friends and Families Test showed 100% of patients recommend Tredegar Practice, based on 34 responses.

Tredegar Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Advisor.

Background to Tredegar Practice

Tredegar Practice is in Bow in east London. It is one of the 36 member GP practices in NHS Tower Hamlets Clinical Commissioning Group (CCG). It is also one of the five practices forming the Bow Health Network (BHN) Community Interest Company. The aim of the BHN is to work together with partner constituents and local stakeholders to engage and provide high quality, holistic and integrated care to the patients whilst maintaining individual practice autonomy.

The practice is located in the second more deprived decile of areas in England. At 77 years, male life expectancy is lower than the England average of 79 years. At 82 years, female life expectancy is lower than the England average of 83 years. Data from the 2011 census shows the three largest ethnic groups in Tower Hamlets (White British, Bangladeshi and White Other) make up some 78% of the practice's catchment area. The provider told us that the local population was growing rapidly and that its demography was changing, placing new and increasing demands on the practice.

The practice has approximately 4,500 registered patients. It has many more patients in the 25 to 39 years age ranges than England average, and fewer in the other age ranges than the England average, with the exception of patients in

the nought to four years age range, which is similar to the England average. Services are provided by Tredegar Practice under a General Medical Services (GMS) contract with NHS England.

The practice is in purpose built premises and patient areas are wheelchair accessible. There are four clinical rooms and an interview / phlebotomy room.

The practice teaches medical students and is taking part in the Tower Hamlets CCG Open Doors scheme which provides education and clinical mentoring for nurses and health care assistants employed by general practice in the borough.

The two GP partners and two salaried GPs work at the practice on a part time basis. Together they make up the equivalent of two whole time staff (WTE). Patients have access to female and male GPs. There are two nurses, who together make up 1.4 WTE staff, and a part time healthcare assistant (0.7 WTE). The clinical staff are supported by a team of administrative and receptionist staff headed up by a practice manager (0.44 WTE), an assistant practice manager (one WTE), and a reception manager (0.64 WTE).

The practice's opening times are:

- 7.50am to 12.30pm and 2.00pm to 7.00pm on Monday and Tuesday.
- 8.00am to 12.30pm and 2.00pm to 6.30pm on Wednesday
- 8.00am to 12.30pm on Thursday.
- 7.50am to 12.30pm and 2.00pm to 7.00pm on Friday.

Patients are directed to an out of hours GP service outside these times.

Tredegar Practice is registered with the Care Quality Commission to carry on the following regulated activities

Detailed findings

at 35 St Stephens Road, London E3 5JD: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, and Treatment of disease, disorder or injury.

Why we carried out this inspection

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

We had not inspected this service before.

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 05 January 2017. During our visit we:

- Spoke with a range of staff (GPs and nursing, receptionist, administrative and practice management staff), and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice reviewed the letter it sent to patients following a routine health check so that it included information for the patient about any follow up tests that were needed.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.

- A notice in each consulting room, in the practice leaflet, and on the practice website 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
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. An external infection control audit was last completed in September 2016 and the practice scored 92%. We saw evidence that action was taken to address improvements identified as a result of the audit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were in the main stored securely. There was a prescription pad kept in the visit bag however that was more vulnerable to misappropriation. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The healthcare assistant was trained to administer medicines against a patient specific prescription or direction from a prescriber.
- We reviewed one personnel file and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- 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 fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The provider had put in place a system to control any risks from legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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.
- 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 also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and in each consultation room, and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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 91% of the total number of points available. Exception reporting was 6.5%, in line with the CCG average of 6% and lower than the national average of 10%. 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 was an outlier for the following QOF and national clinical targets in 2015-16. It was taking action and was on track to meet these targets in 2016-17.

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 54% in 2015-16, compared with the national average of 90%. The provider told us this had been due to changes in the nursing team. There had since been an increase in nursing capacity and nursing staff lead roles in chronic disease management were becoming established. This had led to 91% of patients with COPD having had their annual review at 25 October 2016.
- The practice had recorded the smoking status of 89% of patients with physical and / or mental health conditions

in the preceding 12 months in 2015-16 compared with the national average of 95%. This had improved to 90% of these patients having had their smoking status recorded at 05 January 2017.

- The practice was below target for some childhood immunisation rates for two year olds in 2015-16 (87% compared with the target of 90%). It had changed how the baby clinic was run to support families better, and was on track to meet childhood immunisation rates targets in 2016-17 amongst those children whose families agreed to have them immunised. Eighty per cent of children aged 2 had received all their immunisations at 15 December 2016.

Performance for other QOF and national clinical targets was in line with national averages, for example:

- For diabetes related indicators, the percentage of people with diabetes in whom the last IFCC-HbA1C (a measure of blood sugar levels) is 64 mmol/mol or less in the preceding 12 months was 73% (national average 78%), the percentage in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less was 78% (national average 78%), and the percentage whose last measured total cholesterol within the preceding 12 months is 5 mmol/l or less was 82% (national average 80%).
- For mental health related indicators, 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 89% (national average 88%).

Information about patients' outcomes was used to make improvements. The practice built on and extended the information it collected for QOF as part of the operation of the Bow Health Network of five local GP practices. The network supported its practices to deliver a range of clinical services, or Network Improvement Services (NIS), making pathways and setting targets and performance indicators that centred on meeting local people's needs and promoted effective chronic disease management. The network provided a monthly dashboard which showed the practice's performance. The practice was currently paying particularly close attention to the performance indicator about recording the alcohol consumption of people

Are services effective?

(for example, treatment is effective)

experiencing poor mental health in its weekly performance monitoring meetings, in recognition of the need to improve on its performance in 2015-16 (practice 62% of patients, CCG average of 90%, national average 89%).

There was evidence of quality improvement including clinical audit.

- We saw eight clinical audits had been carried out in the last 12 months. Two of these were the second cycle of clinical audits first carried out in the previous year, and they showed improvements had been implemented and were being monitored. For example, one of the second cycle audits showed the practice had reduced its prescribing of quinolones, cephalosporins, co-amoxiclav antibiotics from 13% of all antibiotics prescribed in April 2015 to 5% in March 2016 in line with NICE guidelines for effective antimicrobial medicine use. The other second cycle audit showed the practice was keeping under review and was improving the effectiveness of its cervical screening programme, including the rates of inadequate smears and the follow up process of women whose smears showed abnormalities.
- The practice participated in local audits and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, and information governance.
- 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, and for those taking on new roles and extending their skills.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, nursing team huddles, coaching and mentoring, clinical supervision, and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, and Mental Capacity Act 2005. Staff had access to and made use of e-learning training modules and in-house and CCG training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

A shared local electronic record system was used for patients receiving the integrated care local enhanced service, with their consent, to ensure the care provided by the practice, hospital and social care was well coordinated and in line with the patient's wishes.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- 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 assessed the patient's capacity and, recorded the outcome of the assessment. This process was built into the integrated care plan template.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice nurses provided healthy lifestyle advice and help with smoking cessation and alcohol misuse.
- Patients have access to a social prescribing scheme where they can get help with social, emotional or practical needs, for example housing or welfare benefits advice.

The practice's uptake for the cervical cancer screening programme was 81%, which was comparable to the CCG average of 78% and the national average of 81%. There were failsafe systems in place to ensure results were

received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice monitored the operation of these systems as part of its clinical audit programme.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Uptake was similar to the CCG average, for example uptake of screening for breast cancer was 53% (CCG 58%, national 73%), and uptake of screening bowel cancer 37% (CCG 39%, national 58%).

The practice's overall score for childhood vaccinations up to age 2 was 9.1 out of 10. This was the same as the national average score. There are four areas in which childhood immunisations are measured and each has a target immunisation rate of 90%. The practice was above standard in two out of four areas and below standard in two out of four areas. The practice was on track to meet childhood immunisation rates targets in 2016-17 however. For example 80% of children aged 2 had received all their immunisations at 15 December 2016.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Twenty of the 23 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. These patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required. We received one negative comment in relation to caring services that was about a rushed consultation where the doctor had seemed unconcerned.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 91% of patients said the GP gave them enough time (CCG 80%, national 87%).
- 94% of patients said they had confidence and trust in the last GP they saw (CCG 88%, national 92%).

- 87% of patients said the last GP they spoke to was good at treating them with care and concern (CCG 80%, national 85%).
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern, (CCG 81%, national 91%).
- 96% of patients said they found the receptionists at the practice helpful (CCG 84%, national 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the 20 of the 23 comment cards we received was also positive and aligned with these views. We received one negative comment about a lack of continuity of care and one negative comment about test results being misplaced.

We saw that care plans were personalised.

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care (CCG 77%, national 82%).
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG 76%, national 85%).

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

- Staff told us that translation services were available for patients who did not have English as a first language. Information in the practice leaflet and on the practice website informed patients this service was available.

Are services caring?

- The letter to patients about their results was designed to meet the needs of people who did not read well or who were colour blind.
- The practice had introduced a surgery pod. This is a device that enables patients to measure their weight or blood pressure for example, as part of taking a more proactive role in monitoring their condition.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Information on the website could be translated into other languages at the touch of a button.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 132 patients as carers (3% of the practice list). This had arisen primarily from the integrated care local enhanced service for patients with complex needs, where support for the carer was included in the patients' care plan. Written information and information on the practice website was also available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a condolences card. The family could also be seen in the surgery for advice and support and /could be referred to the bereavement service run by the local hospice.

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.

- The practice offered appointments from 7.50am and up to 7.00pm on Monday, Tuesday and Friday for working patients who could not attend during normal opening hours.
- Local hub arrangements meant patients could book an appointment to see a GP or a nurse at the weekend as well as every week day up to 8.00pm.
- There were longer appointments available for patients who needed them, for example those 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.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had adopted the NHS Accessible Information Standard and information was available to patients in alternative formats such as large print and easy read. A poster in the reception area told patients this was available.
- Information on the practice website could be translated into other languages at the touch of a button.

Access to the service

The practice's opening times were

- 7.50am to 12.30pm and 2.00pm to 7.00pm on Monday and Tuesday.
- 8.00am to 12.30pm and 2.00pm to 6.30pm on Wednesday
- 8.00am to 12.30pm on Thursday.
- 7.50am to 12.30pm and 2.00pm to 7.00pm on Friday.

Patients were directed to an out of hours GP service outside these times.

Patients could book an appointment to see a GP up to three weeks in advance and up to four weeks in advance to see a nurse. The practice offered a walk in service every morning between 9.30am and 11.00am and urgent same day appointments were available for people that needed them. Same day telephone consultations and online consultations were also available.

Bookable GP and nurse appointments were also available at one of four local hubs between 6.30pm and 8.00pm on weekdays and between 8.00am and 8.00pm at weekends.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 88% of patients said they could get through easily to the practice by phone (CCG 67%, national 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them, which usually meant using the walk in service. They might have to wait up to two weeks for an appointment with a named GP.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

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

We looked at three complaints received in the last 12 months and found they were satisfactorily handled, and dealt with in an open and timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the locum pack had been updated to clarify that the walk in service was for routine as well as urgent patient matters.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had clearly articulated aims.
- Staff demonstrated commitment to realising the practice's aims and understanding of their role in meeting patients' needs.
- The whole practice was engaged in a quality improvement programme to turn these aims into achievable goals that would increase effectiveness and productivity while promoting the wellbeing of staff and providing the best possible standards of care to patients. To this end, for example, GPs had reviewed how they used their time, and the practice had developed a new GP job plan and amended the appointment system to allow sufficient time and to make better use of information technology to complete the administrative duties related to their clinical work during the day.

Governance arrangements

The practice had an overarching governance framework to support the delivery of the aims and objectives and good quality care. This outlined the structures and procedures in place and ensured that:

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

changes in all parts of the organisation, for example staff had cleared the reception office area of clutter and paper records were being stored off site to make space and create a more efficient working environment.

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team and full staff meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at staff meetings and felt confident and supported in doing so. We noted the whole practice team took time out together to review how the practice was operating and to work out ways of making it work better. The practice was using Hoshin Kanri
- Staff said they felt respected, valued and supported by the partners and managers in the practice. All staff were involved in the practice's quality improvement programme and in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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), the NHS Friends and Family Test and complaints received. The practice held open days to encourage local people to engage with the practice and invited patient representatives from the PPG to take part in its quality improvement programme work.
- The practice had gathered feedback from staff through quality improvement programme events, workflow assessments, staff meetings, appraisals and discussion.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

- As a result of the quality improvement work the practice had, for example, engaged additional GP and receptionist staff, increased online services and introduced a surgery pod. A surgery pod enables patients to measure their own vital signs and answer a number of clinical questionnaires, which supports them to be more proactive in monitoring their condition and saves time in the face to face consultation with their GP or nurse.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. One of the partners was a clinical lead for the Tower Hamlets CCG Quality in General Practice programme and was a strong proponent for quality improvement in the practice.