

Dr Nagappan Selvan

Quality Report

Newby Place Health and Wellbeing Centre,
21 Newby Place,
London,
E14 0EY
Tel: 020 7515 4701
Website: www.goughwalksurgery.nhs.uk

Date of inspection visit: 15 December 2016
Date of publication: 24/03/2017

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Nagappan Selvan	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Nagappan Selvan (Gough Walk Practice) on 15 December 2016. Overall the practice is rated as good.

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

- Pre-employment reference checks had not been completed for all staff.
- Not all staff had received a DBS check (Disclosure and Barring Service) or suitable risk assessment of the need.
- The national GP patient survey showed that patient satisfaction was below both local and national averages in a number of areas.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice did not have a business plan to help it to develop and reach its future goals.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.

- 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.
- 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 areas where the provider should make improvement are:

- Ensure that all relevant pre-employment checks are carried out for all staff as specified in Schedule 3 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

- Address the issues highlighted in the national GP survey in order to improve patient satisfaction.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Not all pre-employment reference checks had been completed for all staff.
- Not all staff had received a DBS check or a risk assessment of the need for one.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. For example:
 - 75% of patients said the GP gave them enough time which was below the national average of 87%.
 - 90% of patients said they had confidence and trust in the last GP they saw which was below the national average of 95%.

Summary of findings

- 73% of patients said the last GP they saw was good at involving them in decisions about their care which was below the national average of 82%.
- 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. The practice was part of an initiative to provide online triage and appointments.
- There was continuity of care, with urgent appointments available the same day, but patients said they found it difficult to make an appointment with a GP.
- 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 vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a 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

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients with mobility issues are offered home visits for routine as well as emergency issues.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 89% of patients with diabetes, on the register, had a last blood pressure reading (measured in the preceding 12 months) within the recommended range, which was above the CCG and national averages.
- 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



Families, children and young people

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

- 77% of women aged 25-64 had a cervical screening test in the preceding 5 years, which was below the CCG (79%) and national (82%) averages.
- 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.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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.
- 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.
- The practice offered Saturday appointments for the benefit of patients who could not attend during working hours.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

Good



Summary of findings

- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months, which was above the CCG and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below the local and national averages. Three hundred and sixty survey forms were distributed and 87 were returned. This represented 2% of the practice's patient list.

- 46% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and the national average of 76%.
- 74% of patients described the overall experience of this GP practice as good compared to the CCG average of 77% and the national average of 85%.

- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the 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 which were all positive about the standard of care received, though two cards mentioned long waits when phoning to arrange an appointment. Patients commented on the kind and helpful staff, and that the doctors look after them well.

We spoke with one patient during the inspection. the patient said they were very satisfied with the care they received and thought staff were approachable, committed and caring. The practice participated in the NHS friends and family test (FFT) (FFT is an anonymised method of asking patients if they would recommend the practice to a friend or family member). Ninety-three percent of 20 patients responding to the FFT said they would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that all relevant pre-employment checks are carried out for all staff as specified in Schedule 3 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Address the issues highlighted in the national GP survey in order to improve patient satisfaction.

Dr Nagappan Selvan

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 Dr Nagappan Selvan

Dr Nagappan Selvan (Gough Walk Practice) provides primary medical services in Tower Hamlets to approximately 5000 patients and is a member of NHS Tower Hamlets Clinical Commissioning Group (CCG).

The practice population is in the most deprived decile in England. Forty-three percent of children live in income deprived households compared to a local average of 39% and a national average of 20%. The practice had surveyed the ethnicity of the practice population and had determined that 24% of patients described themselves as white, 45% Asian, 11% black and 20% as having mixed or other ethnicity.

The practice operates from a purpose built property with patient facilities on the ground and first floors that are wheelchair accessible. There are offices for administrative and management staff on the ground floor. All floors are accessed via a lift or stairs.

The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract). The enhanced services it provides are: meningitis immunisation; childhood vaccination and immunisation

scheme; extended hours access; facilitating timely diagnosis and support for people with dementia; influenza and pneumococcal immunisations; rotavirus and shingles immunisation; and unplanned admissions.

The practice team at the surgery is made up of two male GP partners, one full-time and one part-time, along with two part-time female locum GPs. The doctors provide 16 clinical sessions per week. The nursing team consists of two part-time female practice nurses and a part-time male health care assistant. There are five administrative, reception and clerical staff including a full-time practice manager.

The practice is open Monday to Friday between 8.00am to 1.00pm and 2.00pm to 6.00pm.

Appointments are from 9.00am to 12.00pm and 3.00pm to 6.00pm daily. Extended surgery hours are offered from 9.00am until 2.00pm on Saturdays. The practice has opted out of providing out of hours (OOH) services to their own patients when it is closed and directs patients to the OOH provider for NHS Tower Hamlets CCG. The practice is also part of the local GP hub enabling patients to get appointments up to 10.00pm on weekdays, appointments are also available on Saturday and Sundays.

Dr Nagappan Selvan (Gough Walk Practice) is registered as a sole principal with the Care Quality Commission to provide the regulated activities of treatment of disease, disorder or injury; maternity and midwifery services; family planning; diagnostic and screening procedures. The practice is aware that it needs to take action to correct its registration with CQC, and is in the process of applying to de-register as a sole practitioner and re-register as a partnership.

This practice has not previously been inspected by CQC.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2016. During our visit we:

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

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

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

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

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

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

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, an 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 asked the wrong patient to have a test. It subsequently realised the mistake and arranged for the correct patient to have the test. It apologised to both patients and reviewed its procedures in a meeting. The practice provided further training to the member of staff who had made the mistake to ensure that patients were correctly identified before administering any treatment.

Overview of safety systems and processes

The practice had 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, and the healthcare assistant and non-clinical staff were trained to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSDs) from a prescriber. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified

Are services safe?

and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed three personnel files but found that not all appropriate recruitment checks had been undertaken prior to employment. One locum GP and one non-clinical member of staff had not provided references from their previous employers.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available, with an overall clinical exception rate of less than 7%. 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.

Data from 2014-15 showed:

- Performance for diabetes related indicators was similar to the national average. For example: 81% of patients with diabetes had a last measured total cholesterol within the acceptable range, which was comparable to the local average of 86% and the national average of 81%.
- Performance for mental health related indicators was above the national average for example: 89% of patients diagnosed with dementia had had a care reviewed in a face-to-face review in the preceding 12 months, which was above the CCG average of 87% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and peer review.

Information about patients' outcomes was used to make improvements such as: an audit of benzodiazepine prescribing (benzodiazepines are a type of medicine used to assist with a range of issues including: alcohol dependence; anxiety disorders; panic attacks; and insomnia). Research had shown that this medicine should, where appropriate, be limited to short-term use as there were a number of side-effects associated with long-term use. On the first run of the audit the practice had 45 patients on repeat prescription. It agreed in a meeting to review and limit the use of benzodiazepines to short-term use only. Following a second audit the practice had reduced the number of patients receiving this medicine to 17, a 62% reduction. It reviewed the results and determined to continue to actively monitor and reduce its prescribing of benzodiazepines. A third cycle of the audit in March 2016 found only eight patients (an 82% reduction compared to the original audit) being prescribed the medicine.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff 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

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months, with the exception of staff who had been employed less than a year.

- Staff had access to e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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 and asthma. Patients were signposted to the relevant service.
- A dietician and smoking cessation advice was available from a local support group.

During 2014-15 the practice's uptake for the cervical screening programme was 77%, which was below the CCG average of 79% and the national average of 82%. In 2015-16 the practice' uptake for the cervical screening programme was 85%, which was above the CCG average of 78% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Most childhood immunisation rates for the vaccinations given were comparable to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 95% (CCG average 92% to 93% and national average from 73% to 93%) and five year olds from 17% to 99% (CCG average 21% to 94% and national average from 83% to 95%).

The practice provided us with evidence that its performance in 2015-16 was significantly better, with performance for five year olds immunisations of 97% across the immunisations given.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

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 very helpful to patients and treated them with dignity and respect.

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

All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect, though two cards mentioned long waits when phoning to arrange an appointment.

We spoke with 1 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 74% 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%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.

- 82% 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%.
- 74% 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%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice told us that the GPs allowed patients to raise multiple issues in consultations, and never rushed patients. It had run its own patient survey which found that patients were satisfied with the level of care received (82% of 19 patients were satisfied or very satisfied with their consultation). The practice was working to improve satisfaction which it said was influenced by high patient expectation amongst part of its patient group, and issues with access, including getting through on the phone and getting an appointment. It had addressed those issues by discussion with patients in consultations to reduce unreasonably high expectations, implementing a triage system for appointments, improving its phone answering system, actively promoting online services and it had since June 2016 been part of a local GP hub that provided evening and weekend appointments.

Care planning and involvement in decisions about care and treatment

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

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

Are services caring?

- 81% 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%.
- 73% 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%.
- 66% 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 was aware of the below average satisfaction amongst its patients identified in the GP patient survey. It told us it had diverse cultural groups within its population that resulted in a range of expectations. It had carried out its own patient survey which showed that patient satisfaction was higher in some areas. For example 82% of 19 patients responding to the survey were satisfied or very satisfied with their consultations. The practice commented that dissatisfaction with phone access and appointment availability was influencing patient's opinions of consultations. It was actively working to improve access by upgrading its phone answering system, was part of a GP hub enabling its patients to get evening appointments up to 10.00pm and at weekends, and was actively promoting the use of online access. It also explained that the previous practice nurse had been absent from work due to ill health and there had since been a change of practice nurse which had unsettled patients.

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. Practice staff spoke a range of local languages and were able to conduct consultations on these languages.
- Information leaflets were available in easy read format.
- An advocate from the local community attended the practice once a week to translate for and assist patients in discussing their issues with the clinical staff.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 101 patients as carers (2% of the practice list). Carers were offered flu vaccines, and directed to a range of local services including carer respite. Written information was available to direct carers to the various avenues of support available to them.

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

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 a Saturday clinic from 9.00am to 2.00pm for the benefit of patients who could not attend during normal opening hours. It was also part of a local GP hub enabling patients to get appointments up to 10.00pm on weekday evenings, appointments were also available on Saturday and Sundays.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- One of the GPs had given a talk at a local mosque for Muslim patients, to encourage them to agree to be organ and blood donors, the talk was supported by a local imam and a consultant physician specialising in kidney health.
- The practice had participated in the creation of a video, together with other members of the local federation, to publicise a range of healthcare issues. The video was played on an Asian TV channel and in local GP waiting rooms.
- GPs from the practice gave a talk in January 2016 at a local mosque to raise awareness of mental health issues within the local, largely Bengali, community; it was supported by a local Imam.
- In December 2014 one of the GPs was received a quality award for managing minor ailments from NHS Health Education for north central and south east London. The GP had undertaken a range of local community health education awareness projects aimed at helping people to self-manage minor ailments.

- Older patients with mobility issues are offered home visits for emergency and routine appointments.

Access to the service

The practice was open Monday to Friday between 8.00am to 1.00pm and 2.00pm to 6.00pm.

Appointments are from 9.00am to 12.00pm and 3.00pm to 6.00pm daily. Extended surgery hours are offered from 9.00am until 2.00pm on Saturdays. It was also part of a local GP hub enabling its patients to get appointments up to 10.00pm on weekdays, Saturday and Sunday appointments were also available. The practice had opted out of providing out of hours (OOH) services to its own patients when it is closed and directed patients to the OOH provider for NHS Tower Hamlets CCG. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that there was some dissatisfaction with how patients could access care and treatment was comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 47% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice told us that there had been issues of staff working hours that had resulted in there being insufficient staff to cover reception and answer phones at various times during the day. It had over the last six months made significant changes to non-clinical staff contracts to ensure that sufficient staff were available at all times during the working day. Following lengthy negotiations with its landlord, the practice had upgraded its phone answering system so that calls were better directed. It was actively promoting the use of online appointment booking, and prescription ordering, GPs would discuss this with patients in consultations. The practice was part of the local Federation WebGP, an initiative to triage appointments and provide online consultations.

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

The practice had a system in place to assess:

Are services responsive to people's needs?

(for example, to feedback?)

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

This was achieved by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- 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. A leaflet explaining the complaints system was available in from reception.

We looked at five complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing with the complaint. 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. A patient complained about a clinicians behaviour in a consultation. The practice investigated the incident, and apologised to the patient for any misunderstanding that gave rise to their concerns. The clinical team subsequently met and discussed the matter, but found that nothing different could have been done to prevent the incident arising again in the future.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement but it was not displayed.
- The practice had a strategy which reflected its vision and values, but it did not have a business plan to enable regular monitoring. Following the inspection the practice prepared a suitable business plan and provided us with a copy.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An 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. However, not all recruitment checks had been carried out for all staff including proof of identity, references, DBS check, and immunity status.

Leadership and culture

The practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had asked the practice to improve phone access. The practice had negotiated with its landlord to upgrade the phone system and had introduced an improved phone answering system, as well as changing staff working schedules to ensure that more staff were available to answer the phones.
- The practice had gathered feedback from staff through social events, staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback

Are services well-led?

Good 

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

and discuss any concerns or issues with colleagues and management. For example the practice nurse had a special interest in diabetes care and had asked the practice to direct patients to her for reviews. The practice had agreed and diabetic patients were seeing the nurse for reviews. Staff told us they felt involved and engaged to improve how the practice was run.

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was part of a group of practices in Tower Hamlets that was to start trialling WebGP an online triage and appointment system in January 2017.

Continuous improvement