

# The Spitalfields 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 The Spitalfields Practice on 22 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed except for some gaps in the management of fire safety and infection control.
- 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 were able 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 areas where the provider should make improvement are:

- Review the cleaning arrangements for the practice and infection control audit to ensure all standards have been assessed accurately.
- Ensure there is an effective system for recording to whom prescription pads are issued.

# Summary of findings

- Ensure all staff have undertaken fire training and that the fire risk assessment is reviewed and updated.
- Consider how people who use the accessible toilet facility would alert staff in the event of an emergency.
- Display the appropriate warning sign on the door where the oxygen cylinder is stored.
- Monitor findings from the national GP patient survey relating to access to appointments via the telephone system and nurse consultations.
- Continue to monitor and improve the practice's uptake for the cervical screening programme.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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.
- Although risks to patients were assessed and managed, not all staff had undertaken fire training, the fire risk assessment needed review and update, there were some gaps in the management of infection control and the accessible toilet did not have an emergency pull cord.

### 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 were comparable to the national average.
- 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.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice comparable to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice participated in a local health initiative, which included care packages for patients with diabetes, hypertension and COPD (chronic obstructive pulmonary disease).
- Patients said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Data from the national GP patient survey showed 58% of patients usually get to see or speak to their preferred GP (CCG average 52%; national average 59%).
- Data from the national GP patient survey showed 49% of patients said they could get through easily to the practice by phone which was lower than the CCG average of 67% and the national average of 73%. The practice had made steps to address this.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



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

# 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 patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients who were on the avoidable admissions register and integrated care programme were given a separate number to call to enable them to get through to the practice quickly and by-pass the main phone line.
- Patients could access a weekly LinkAge Plus adviser drop-in session.
- GPs attended network MDT meetings with a consultant geriatrician.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had a diabetes clinical prevalence higher than the CCG and national averages (practice 6.31%; CCG average 5.39%; national average 5.12%). Performance for diabetes related indicators was higher than the national average. For example, the percentage of these patients in whom the last blood pressure reading within the preceding 12 months was 140/80 mmHg or less was 82% (national average 78%) and the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 86% (national average 80%).
- 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.

# Summary of findings

- The practice held health and well-being events. For example, information was made available to Muslim patients during Ramadan regarding taking medicines, having injections and blood taking whilst fasting.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were good for all standard childhood immunisations. The practice were involved in a local CCG initiative to offer and monitor the uptake of childhood immunisations. Data provided by the locality for 2015/2016 showed that childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% against a target of 95% and for five year olds was 96% against a target of 95%.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was lower than the national average (practice 61%; national 75%).
- The practice's uptake for the cervical screening programme was 68%, which was below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice had held an awareness day to encourage patients to attend for screening.
- 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.
- The practice referred into several health initiatives in Tower Hamlets which included Fit4Life (a physical activity, healthy eating and weight loss programme), MEND (a childhood obesity initiative aimed to help children become fitter, healthier and happier whilst having fun), and MEND Mums (a post-natal weight management programme).

Good



## 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).

Good





# Summary of findings

- 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 offered a 'Commuter's Clinic' on Monday, Tuesday and Thursday from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.
- The practice was proactive in advertising and offering online services where patients can book and cancel appointments, request repeat prescriptions, view medicines, allergies and immunisation history and update personal information through the practice website and an available patient access app for mobile phones.

## 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 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 and 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).

- Performance for mental health related indicators were comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90% (national average 88%).

Good



# Summary of findings

- The practice were higher than the national average for the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (practice 93%; national average 84%).
- The practice bi-monthly meetings 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 January 2016 and showed the practice was performing in line with local and national averages except for getting through to the practice by telephone. Four hundred and thirteen survey forms were distributed and 83 were returned. This represented a response rate of 20% and 0.7% of the practice's patient list.

- 49% 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%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average 78% and the national average of 85%.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 76% and the national average of 85%.

- 70% 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 71% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. Two cards contained both positive and negative comments in which the negative comments related to getting through to the practice by telephone.

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

## Areas for improvement

### Action the service **SHOULD** take to improve

- Review the cleaning arrangements for the practice and infection control audit to ensure all standards have been assessed accurately.
- Ensure there is an effective system for recording to whom prescription pads are issued.
- Ensure all staff have undertaken fire training and that the fire risk assessment is reviewed and updated.
- Consider how people who use the accessible toilet facility would alert staff in the event of an emergency.

- Display the appropriate warning sign on the door where the oxygen cylinder is stored.
- Monitor findings from the national GP patient survey relating to access to appointments via the telephone system and nurse consultations.
- Continue to monitor and improve the practice's uptake for the cervical screening programme.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

# The Spitalfields Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Spitalfields Practice

The Spitalfields Practice is situated at 20 Old Montague Street, London E1 5PB in two-storey purpose-built premises with access to six consulting rooms on the ground floor and eight on the first floor. The first floor is accessible by a lift and stairs. The practice provides NHS primary care services to approximately 12,500 patients living in Tower Hamlets through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is part of NHS Tower Hamlets Clinical Commissioning Group (CCG) which consists of 36 GP practices split into eight networks. The Spitalfields Practice is part of commissioning network two which comprises of five local practices. The practices federated in 2011 to become East End Health Network Company Ltd.

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

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services; and family planning.

The practice staff comprises of two male and two female GP partners (totalling 36 clinical sessions per week), two male and one female salaried GPs (totalling 27 clinical sessions per week). The clinical team is supported by one nurse practitioner (37.5 hours per week), a lead practice nurse independent prescriber (33 hours per week each), a practice nurse (37.5 hours per week) and two healthcare assistants. The administration team consists of a full-time practice manager and deputy practice manager, a facilities manager, IT & administration manager, a reception manager and nine receptionists/administration staff.

The practice is a teaching practice with medical students from Queen Mary College and King's College.

The practice premises were open from 8am to 6.30pm Monday to Friday, except for between 12.45pm and 2.30pm on Friday when the telephone was switched over to the out of hours provider. Extended hours are provided on Monday, Tuesday and Thursday from 6.30pm to 7.30pm.

The practice provides a range of services including childhood immunisations, chronic disease management, smoking cessation, sexual health, cervical smears and travel advice and immunisations.

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

# Detailed findings

on weekends as part of the Prime Minister's Challenge Fund (the Challenge Fund was set up nationally in 2013 to stimulate innovative ways to improve access to primary care services).

## 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.

The practice was previously inspected on 20 December 2013 when we found it was meeting all essential standards.

## 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 22 March 2016. During our visit we:

- Spoke with a range of staff (GP partners, salaried GP, nurse practitioner, practice nurse, healthcare assistant, practice manager, deputy practice manager and reception and administration 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, 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. There was a lead clinician, meetings were held monthly and minutes were available. The practice had recorded eight significant events in last 12 months.

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, a delay in a two-week wait referral had resulted in a change to the internal process which included referrals being logged and patients contacted to ensure they had received an appointment.

### 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. The practice maintained a register of vulnerable children and adults and demonstrated an alert system on the computer to identify these patients. All staff we spoke with were aware of this system. Staff demonstrated they understood their responsibilities and had received training to a level relevant to their role. GPs and the practice nurses were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained 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).
- Whilst the premises appeared to be clean, we found evidence of low and high level dust in some consulting rooms. The practice told us they used a contract cleaning company. A cleaning schedule was available and a Control of Substances Hazardous to Health (COSHH) risk assessment for cleaning products. We found some of the consulting rooms did not have hand soap available. The practice told us they would contact the cleaning company regarding our findings.
- 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. All staff we spoke with knew how to deal with spillage of bodily fluids and sharps injury. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, we found some items in the audit were marked as compliant but were not. For example, impermeable flooring in the healthcare assistant room was damaged and sealed with tape but the audit did not identify this.
- 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

## Are services safe?

practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored but there was no system in place to monitor their use. However, this was rectified by the practice during our inspection and we saw evidence of a system implemented.

- Two of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role and attended non-medical prescriber forum meetings. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office on the ground floor and the first floor which identified local health and safety representatives. The health and safety policy stated all staff had fire training but on the day of the inspection only the two fire marshals had undertaken training. The practice fire risk assessment was dated June 2012 and had not been updated to reflect the storage of patient medical records in locked cabinets in the basement. The practice undertook annual fire extinguisher checks, fire alarm tests and carried out regular fire drills. Staff we spoke with were aware of the building evacuation point and

told us there were regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The accessible toilet facilities did not have an emergency call cord.

- 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. Oxygen with adult and children's masks were available. However, there was no appropriate warning sign on the door where the cylinder was stored. 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.

### 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 90% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- The practice had a diabetes clinical prevalence higher than the CCG and national averages (practice 6.31%; CCG average 5.39%; national average 5.12%). Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 71% (national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 98% (national average 94%).
- Performance for mental health related indicators were comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90% (national average 88%).

- The practice were higher than the national average for the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (practice 93%; national average 84%).

There was evidence of quality improvement including clinical audit.

- There had been four 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, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, an audit of asthma patients undertaken by a GP and practice nurse regarding inhaler technique revealed incorrect inhaler technique for the majority of patients. The practice implemented a system of giving verbal instruction and physical demonstration to all patients at their asthma review consultation to monitor correct usage.

### 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 had received diabetes management and asthma up-date training.
- 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



# Are services effective?

## (for example, treatment is effective)

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.

- Staff received training that included: safeguarding children and adults, basic life support, information governance, chaperoning and equality & diversity. Apart from the two nominated fire marshals, no other staff had undertaken fire training. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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 (MCA) 2005. The GPs and practice nurses had undertaken MCA training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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, were signposted to the relevant service.
- Smoking cessation advice was available by appointment with the practice nurses.
- There was a weekly LinkAge Plus adviser drop-in session (LinkAge Plus is a free outreach service for the over 50s living in Tower Hamlets with the aim to help older people achieve a better quality of life, improve well-being and overcome social isolation within the community by providing activities and an outreach service).
- The practice held health and well-being events. For example, information and advice was made available to Muslim patients during Ramadan regarding taking medicines, having injections and blood tests whilst fasting.
- The practice referred into several health initiatives in Tower Hamlets which included Fit4Life (a physical activity, healthy eating and weight loss programme), MEND (a childhood obesity initiative aimed to help children become fitter, healthier and happier whilst having fun), and MEND Mums (a post-natal weight management programme).

The practice's uptake for the cervical screening programme was 68%, which was lower than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice told us they were aware of a cohort of their patients who were difficult to engage in the cervical screening programme. To address this the practice nurse held a cervical smear awareness event to explain the importance of regular smear testing. The event was supported by an interpreter. On the day of the event the practice nurse opportunistically undertook three smear tests and booked a further seven appointments. There

## Are services effective? (for example, treatment is effective)

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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and used a text reminder service to invite patients for annual campaigns, for example influenza.

Data for childhood immunisation rates for 2014/2015 indicated vaccinations given to under two year olds ranged from 57% to 94% and five year olds from 55% to 93%. The practice was involved in a local CCG initiative to offer and

monitor the uptake of childhood immunisations. Data provided by the locality for 2015/2016 showed that childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% against a target of 95% and for five year olds was 96% against a target of 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for 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 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 82% 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%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 94% 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%.

- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 85%.
- 71% 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%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

We saw minutes of a meeting where the national GP patient survey results had been discussed in relation to nurse consultations as some responses had been below local and national averages. Actions from the minutes included in-house nurse peer support for consultation skills and a review of the appointment length for some consultations.

### 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 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 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:

- 84% 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%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas and in the practice leaflet informing patients this service was available.
- The practice had several bi-lingual staff and also had a Bengali and Sylheti-speaking advocate attached to the practice to provide interpreting services every morning from 9.30am to 12.30pm and a Somalian-speaking advocate every Tuesday from 9.30am to 12.30pm.
- The appointment check-in system was available in several languages in line with the practice's population.
- The practice had access to British Sign Language advocates.
- Information leaflets were available in easy read format, including in large print.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 32 patients as carers (0.25% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The new patient health check questionnaire included carer-related questions.

Staff told us that if families had suffered bereavement, their usual GP contacted them directly or a letter is sent. This was followed up by a patient consultation at a flexible time and location to meet the family's needs and 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. For example, the practice participated in a local health initiative, which included care packages for patients with diabetes, hypertension and COPD (chronic obstructive pulmonary disease), and was part of Tower Hamlets Community Interest Company which had successfully obtained additional investment to provide out of core hours access through several hub practices.

- The practice offered a 'Commuter's Clinic' on Monday, Tuesday and Thursday from 6.30pm to 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. In addition, a Bengali and Sylheti-speaking advocate was available every morning from 9.30am to 12.30pm and a Somalian-speaking advocate every Tuesday from 9.30am to 12.30pm.
- There were baby changing facilities and a breastfeeding room available.

### Access to the service

The practice premises were open from 8am to 6.30pm Monday to Friday, except for between 12.45pm and 2.30pm on Friday when the telephone was switched over to the out of hours provider. Appointments were available from 8.30am to 12 noon and from 3pm to 5.20pm Monday to Friday. Extended hours were provided on Monday, Tuesday and Thursday from 6.30pm to 7.30pm with the last appointment available at 7.20pm. The extended access

clinics were provided by the practice without remuneration through the extended opening enhanced service. In addition to pre-bookable GP appointments that could be booked up to six weeks in advance, telephone consultations and urgent appointments were also available for people that needed them. Practice nurse appointments were available up to eight weeks in advance. The practice had produced an appointment information leaflet to guide patients on the types of appointments available with different clinicians and how to book an appointment, which included how to register to book on line.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages for opening hours but lower than local and national averages for getting through to the practice by phone.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 75%.
- 49% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However, some patients told us it was often difficult to get through on the phone.

We saw minutes of a meeting where the national GP patient survey results had been discussed and actions included the purchase of a more functional telephone system and promotion of the on-line booking facility. On the day of our inspection the GP partners told us they were committed to expending resources on an upgrade.

### 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, posters displayed in the waiting room, a complaint leaflet and information on the practice website.

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

We looked at 12 complaints received in the last 12 months. A log of formal complaints was kept and we saw that they had been recorded in detail and responded to appropriately. There was good evidence of the action taken to prevent their reoccurrence. We saw minutes of meetings where complaints had been discussed. The practice kept written records of verbal interactions as well as written

complaints. There had been six verbal complaints in the last 12 months. The practice monitored and responded to NHS Choices comments. There had been 43 comments in the last 12 months of which 26 were positive. The negative comments had predominantly related to the telephone system.

# 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 a mission statement and staff knew and understood the values.
- The practice had a robust strategy which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### 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). 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 that had named members of staff in lead roles. For example, safeguarding, complaints, information governance and infection control.

- Staff told us the practice held regular team meetings.
- All clinical staff had a mid-morning coffee break at the same time which enabled effective communication and liaison. Staff told us they found this time very productive.
- 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. The practice told us that there had been a network away day last year.
- 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, NHS Choices and complaints received. The PPG met quarterly and was representative of the practice population. They carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in response to the patient survey about difficulty getting through to the



# Are services well-led?

Good 

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

surgery on the telephone, the PPG held awareness sessions in the practice for booking appointments on-line and the use of the Electronic Prescription Service (EPS).

- 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.

## Continuous improvement

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

- The practice was involved with a Prime Minister's Challenge Fund project in Tower Hamlets to improve access to GP out of hours services locally.
- The practice was a teaching practice with medical students from Queen Mary College and King's College. Four of the doctors were medical student trainers.
- The practice had been awarded grant funding to add additional consulting rooms and make adaptations to comply with the Disability Discrimination Act (DDA).
- The practice federated in 2011 with five neighbouring practices to become East End Health Network Company Ltd.