

Spitalfields Medical Centre - Health E1

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 Spitalfields Medical Centre – Health E1 on 16 June 2016. Overall the practice is rated as good.

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

- The practice asked all new patients about their caring responsibilities, but no patients with caring responsibilities had been recorded.
- The practice had carried out one complete two-cycle audit in the last two years. It also monitored 29 key performance indicators every month.
- The practice used innovative and proactive methods to improve patient outcomes. For example the practice ran dual-diagnosis clinics to enable mental and physical health issues to be addressed within the same consultation.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP or nurse practitioner and there was continuity of care, with urgent and routine appointments available the same day.
- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- To review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to all.

- To introduce safeguarding training and updates for all staff at the appropriate level.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- When things went wrong patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- The practice had undertaken one completed two cycle audit within the last two years where the results had been used to improve patient outcomes. It also monitored 29 key performance indicators on a monthly basis. These included clinical performance in regard to chronic heart disease and diabetes.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- The practice asked all new patients about their caring responsibilities but had not identified any patients with caring responsibilities.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Staff visited the hostels where some patients lived to form working relationships with hostel staff.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. It had established links with local charities such as a charity that helped homeless people find housing. The practice also made rooms available to other organisations to provide support and assistance to its patients, for example, oa charity that helped patients to access housing, legal advice and education.
- The practice ran specialist nurse led dual diagnosis clinics enabling patients with mental health and substance misuse problems to be seen for all of their issues at the same time.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example the practice visited local homeless shelters and hostels to build better working relationships with the staff.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). The .PPG had asked what the practice could do to stop patients playing loud music in the reception area as it upset some other patients. The practice had put up a notice in reception asking patients not to play loud music.

Good



Summary of findings

- Patients could access appointments and services in a way and at a time that suited them. The practice had tailored its appointment system to suit the needs and life-style of its patients and gave longer appointments and held walk-in clinics every day.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were 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.

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

Good



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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out NHS health checks for patients aged 40–74.
- When families had suffered bereavement, if there were contact details, the practice would send a letter expressing their condolences, and advising them how to access support services.

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.
- 87% of patients with diabetes, on the register, had a last blood pressure reading (measured in the preceding 12 months) of 150/90 mmHg or less, compared to a local average of 91% and a national average of 87%.
- 82% of patients with diabetes, on the register, had had an influenza immunisation in the preceding 1 August to 31 March (local average 81% national average 78%).
- 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 were referred to other local GP services.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 73% and the national average of 82%.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people:

- 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 reflected the needs for this age group.
- The practice provided a room for weekly clinics run by a social justice charity that advised patients about education, housing and legal advice.

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 provided specialist care to adult homeless people.
- 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.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice ran nurse led dual diagnosis clinics enabling patients with mental health and substance misuse problems to be seen for all of their issues at the same time.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health:

- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of their alcohol consumption in the preceding 12 months compared to a local average of 86% and a national average of 80%.
- 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 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.
- The practice provided treatment and support for patients experiencing poor mental health. This included nurse led clinics and access to specialist consultant psychiatrist run clinics held at the practice.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2015. The results showed the practice was performing in line with local and national averages. Three hundred and seventy-five survey forms were distributed and 35 were returned. This represented 3% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared to 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 national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the national average of 73%).

- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 33 comment cards which were all positive about the standard of care received. Patients said they were treated well by all of the staff who were respectful and welcoming. They found the environment safe and were happy with the treatment they received. Some patients, however, did comment that the toilet facilities could be improved.

We spoke with five patients during the inspection. All five 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

The areas where the provider should make improvement are:

- To review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to all.
- To provide safeguarding training and updates for all staff at the appropriate level.

Spitalfields Medical Centre - Health E1

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Spitalfields Medical Centre - Health E1

Spitalfields Medical Centre – Health E1 provides primary medical services in the London Borough of Tower Hamlets to approximately 1260 patients and is one of 36 member practices in the NHS Tower Hamlets Clinical Commissioning Group (CCG). It is a specialist service providing GP services to street homeless people or those in temporary or hostel accommodation in the borough of Tower Hamlets. Spitalfields Medical Centre - Health E1 is a nurse-led service which means that the patient's first point of contact may be with a Nurse Practitioner.

Spitalfields Medical Centre – Health E1 provides a specialised service dedicated to the needs of people who are street homeless and those in temporary or hostel accommodation in the borough of Tower Hamlets. It does not register children or young people.

The practice population is in the most deprived decile in England. Income deprivation within Tower Hamlets affects 50% of older people, compared to a national average of 16%. Ninety-eight percent of patients of the practice are unemployed. The practice has surveyed the ethnicity of

approximately 59% of the practice population and has determined that 44% of patients identified as having white ethnicity, 24% Asian, 26% black and 6% as having mixed or other ethnicity.

The practice operates from a purpose built property with all patient facilities on the ground floor that are wheelchair accessible. There are offices for administrative and management staff on the ground floor.

The practice operates under an alternative provider medical services contract (APMS) contract. APMS contracts allow the provision of primary care medical services under local commissioning arrangements.

The practice team at the surgery is made up of one part-time female clinical lead GP, one full-time male GP and one part-time male GP working between them a whole time equivalent (WTE) of just under three GPs. The nursing team comprises: a full-time lead nurse practitioner, a full-time nurse practitioner, three full-time substance misuse nurses, and a full-time mental health nurse (between them working a WTE of five nurses). There is also a full-time healthcare assistant (HCA). In addition, there are three administrative staff including a full-time practice manager, and a full-time receptionist.

The practice is open between 9.00am and 5.30pm Monday and Tuesday, and between 8.00am to 6.30pm on Wednesday to Friday.

Appointments are available for the following clinics:

General Clinic (GP's & NP's):

- Monday to Thursday: 9.00am to 11.00am walk-in clinic, and booked appointments.

Detailed findings

- Friday: 9.00am to 11.00am walk-in clinic, and 2.00pm to 3.30pm walk-in clinic.

Substance Misuse Clinic:

- Monday to Thursday: 9.00am to 1.00pm booked appointments.
- Friday: 9.00am to 10.00am booked appointments.
- Monday to Friday: 2.00pm to 3.30pm walk-in clinic.

Mental Health Clinic:

- Monday: 9.00am to 1.00pm booked appointments, and 2.00pm to 3.30pm walk-in clinic.
- Tuesday: no clinic.
- Wednesday: 9.00am to 1.00pm booked appointments (dual diagnosis clinic), and 2.00pm to 5.00pm booked appointments (dual diagnosis clinic).
- Thursday: 9.00am to 1.00pm booked appointments, and 2.00pm to 3:30pm walk-in clinic.
- Friday: 9.00am to 10.00am booked appointments, and 10.00am to 11.00am smoking cessation clinic (for mental health patients), and 2.00pm to 5.00pm booked appointments.

When the practice is closed it directs patients to the OOH provider for NHS Tower Hamlets CCG.

Spitalfields Medical Centre – Health E1 is registered as part of East London NHS Foundation Trust with the Care Quality Commission to provide the regulated activities of treatment of disease, disorder or injury; and diagnostic and screening procedures.

Spitalfields Medical Centre – Health E1 has not been previously inspected by CQC.

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 16 June 2016. During our visit we:

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

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

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

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

- Older people
- People with long-term conditions
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable

Detailed findings

- 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 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 action was taken to improve safety in the practice. For example, a patient's prescription was sent electronically to the pharmacy, but it was not received. The practice sent another prescription, to avoid the patient being inconvenienced, and investigated what went wrong. The incident was discussed in a staff meeting. The practice found that staff needed additional training which was arranged to avoid a similar event happening again.

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 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 but not all had received training for safeguarding children and vulnerable adults relevant to their role. GPs and nurses had been trained in adult safeguarding 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. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Four of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. 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 Direction (PSD) from a prescriber. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be

Are services safe?

individually identified before presentation for treatment. PSDs are written instructions from a qualified 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 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. All electrical equipment was checked. The practice had up to date fire risk assessments and carried out tests 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 also carried a personal alarm in addition to a telephone alert system.
- 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 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 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 89% of the total number of points available.

Data from 2014-15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 96% of patients with diabetes, on the register, had a last blood pressure reading (measured in the preceding 12 months) of 150/90 mmHg or less, compared to a national average of 91%
- Performance for mental health related indicators was similar to the national average. For example, 86% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (national average 88%).

There was some evidence of quality improvement including clinical audit.

- There had been four clinical audits carried out in the last two years, one of these was a completed two-cycle audit where the improvements made were implemented and monitored.

- The practice participated in local audits.
- Findings were used by the practice to improve services. The practice had audited patients being prescribed methadone (a medicine prescribed as part of a drug rehabilitation process as a substitute for heroin) to determine whether, in line with best practice, they had undergone ECG testing (electrocardiogram testing, measures the hearts rhythm) prior to commencing methadone. It found that 148 patients were being prescribed methadone, but only 49 had undergone an ECG test. The practice reviewed the patients who had not had an ECG test and found that 49 of these patients needed to be tested. The substance misuse nurses and healthcare assistant were given a list of the patients and instructed to proactively test the patients. On re-audit, one month later, the practice had managed to test another 12 patients. The practice decided to continue with the ECG testing and would re-audit again to check progress.
- The practice monitored 29 key performance indicators every month. This included monitoring of targets for management of chronic heart disease and diabetes.

Information about patients' outcomes was used to make improvements such as: the practice had developed links with other organisations to improve the prospects for successful drug rehabilitation of its patients. For example, the practice was aware that a drug rehabilitation referral when the patient was seeking help was more beneficial. Accordingly, the drug rehabilitation referral management system was revised to make it more patient friendly and significantly reduce patient waiting time. The practice worked with other organisations, such as a charitable organisation that provided support and assistance to homeless people this included help with finding housing.

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.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, 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, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice 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. The practice had joined with four other local GP practices in a network (East End Health

Network), formed in 2009, to provide improved care for their collective patient group. For example, the network members had agreed upon common protocols to manage various medical conditions, including diabetes.

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. 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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and help with drugs problems. Patients were signposted to the relevant service.
- Smoking cessation advice and a dietician were available on site.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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.

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 33 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 one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 in line with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% 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%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 100% 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%

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 78% 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%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the 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:

- 82% 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%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 79% 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:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Are services caring?

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 and written information was available to direct carers to the various avenues of support available to them.

The practice had not identified any patients as carers. Patients were asked about any caring responsibilities at the time of registering with the practice. The practice told us that its patient population consisted of homeless patients and none had identified as having caring responsibilities.

Staff told us that if families had suffered bereavement, if there were contact details, the practice would send a letter expressing their condolences, and advising them how to access support services.

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.

- Follow-up appointments were 20 minutes and were offered to all patients.
- For patients with a learning disability, complex needs or needing interpreters 40 minute appointments were offered.
- Patients of the practice lived either on the street, or in temporary hostels and led precarious lifestyles, so they found it difficult to keep to scheduled appointments. Accordingly, when a patient did attend the practice' computer system would alert staff to all of the outstanding care needs. This enabled the practice to make as much progress as possible on each attendance.
- As there was a very high rate of patients failing to attend their appointments the practice had introduced a system so that clinicians continued appointments until notified that the next patient had attended. This gave extra time to get to know and work with patients. It had also adjusted its appointment system to meet the needs of its patient group by providing walk-in clinics every day.
- Home visits were available for all patients.
- Same day appointments were available for patients with medical problems that required a same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There was a hearing loop in reception and translation services were available.
- There were toilets available to patients and staff but they did not meet the needs of disabled patients and were in a poor decorative state. The practice showed us its plans for upgrade of the facilities.
- Patients were allowed to have their post sent to the practice as they needed an address, this gave patients an incentive to attend the practice more often. They were also permitted to bring their pet dog into the practice, though not into clinical rooms.
- The practice provided rooms for use by a number of other organisations for the benefit of its patients. For example a social justice charity, ran weekly clinics to help patients with accessing education, housing and legal advice. The practice also worked with a charity that supported homeless people in finding permanent accommodation.
- The practice had surveyed its patient population and found that 53% had mental health issues and the same number had a history of substance misuse. In addition, patients of the practice were often refused access to specialist care. This had prompted the practice to run nurse-led dual diagnosis clinics to enable patients with mental health and substance misuse problems to have all of their needs addressed at one time.
- The practice proactively worked to engage with patients and their keyworkers. Staff had visited the hostels where patients stayed to build up stronger working relationships with the hostel staff. When a keyworker brought a patient to their appointment, reception staff notified the clinicians who would call the patient in for their appointment as soon as possible so as to minimise the inconvenience to the keyworker.
- The practice worked with other organisations to develop its drug rehabilitation referral service. The practice was able to act on a patient's commitment to stopping drugs and get them into a rehabilitation programme.
- A psychiatrist visited the practice for regular multi-disciplinary team meetings, and to supervise the nurse practitioners, and to run regular patient clinics.
- The practice worked with some patients for a number of years while they dealt with their mental and physical health issues. When a patient was well enough to obtain employment the practice would assist them in finding permanent accommodation. At that time the practice would assist the patient in moving to other rehabilitation support. This was done in a sympathetic way and because the practice was aware from experience that patients who continued to come to the practice would inevitably mix with their former associates and were more likely to relapse.

Access to the service

Are services responsive to people's needs?

(for example, to feedback?)

The practice was open between 9.00am and 5.30pm Monday and Tuesday, and between 8.00am to 6.10pm on Wednesday to Friday.

Appointments were available for the following clinics:

General Clinic (GP's & nurse practitioners):

- Monday to Thursday: 9.00am to 11.00am walk-in clinic, and booked appointments.
- Friday: 9.00am to 11.00am walk-in clinic, and 2.00pm to 3.30pm walk-in clinic.

Substance Misuse Clinic:

- Monday to Thursday: 9.00am to 1.00pm booked appointments.
- Friday: 9.00am to 10.00am booked appointments.
- Monday to Friday: 2.00pm to 3.30pm duty clinic.

Mental Health Clinic:

- Monday: 9.00am to 1.00pm booked appointments, and 2.00pm to 3.30pm walk-in clinic.
- Tuesday: no clinic.
- Wednesday: 9.00am to 1.00pm booked appointments (dual diagnosis clinic), and 2.00pm to 5.00pm booked appointments (dual diagnosis clinic).
- Thursday: 9.00am to 1.00pm booked appointments, and 2.00pm to 3.30pm walk-in clinic.
- Friday: 9.00am to 10.00am booked appointments, and 10.00am to 11.00am smoking cessation clinic (for mental health patients), and 2.00pm to 5.00pm booked appointments.

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

- 100% of patients said the last appointment they got was convenient compared to the CCG average of 88% and the national average of 92%.
- 83% 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 as there were walk-in appointments available every day.

The practice had a system in place to assess:

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

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

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 including a leaflet in reception.

We looked at two complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, and there was openness and transparency with 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. For example, a patient complained that they had been refused a referral for a physical condition. The practice investigated the complaint and found that it related to a belief that the patient held about their health that did not reflect their physical health. The practice apologised to the patient for any misunderstanding and worked with the patient to deal with their other care needs.

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 which was displayed on coffee mugs.
- The practice had a strategy which reflected the vision and values and was 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.
- An understanding of the performance of the practice was maintained.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GP Clinical Director 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 Clinical Director was 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 Clinical Director 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. We noted social events were held every few months.
- 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 advised that patients became angry when kept waiting in reception without an explanation. The practice agreed that it would put a sign in the reception area explaining the reasons why patients might have to wait to be seen. It also instructed reception staff to apologise and explain the reason for a delay in being seen to any affected patients.
- The practice had gathered feedback from staff through social events and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example staff had noticed that some patients played loud music

Are services well-led?

Good 

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

in the reception area, and that upset other patients. The practice agreed to put a notice in reception requesting that patients did not play loud music. 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 worked with East London NHS Foundation Trust (ELFT) on a range of projects. For example, the practice was working with ELFT to enable patient records to be accessible, subject to consent, when patients of the practice were admitted to the Royal London Hospital. Similarly the patient's records were accessible to the practice whilst in hospital.