

Well Street Surgery

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 Well Street Surgery on 21 January 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Patients said they found it easy to make an appointment with a named GP and that 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.

We saw two areas of outstanding practice:

- Some staff of the practice had been involved in setting up a charity, 'Helping Hackney Health', which offered healthy cooking and education courses to patients with learning disabilities, families, people from various communities in the practice area, diabetic patients and people with poor mental health. The practice found that those attending the courses increased their fruit and vegetable consumption over the duration of the course (fruit from 1.52 to 2.53, vegetables from 1.41 to 2.61) and 90% of participants were 'confident' at the end of the course in reading food labels compared to 58% at the beginning of the course.

Summary of findings

- The practice directly employed a pharmacist, who took a lead in medicines reconciliation and medicines audits, and was able to provide tests, advice and reviews for patients with complex needs or long term conditions.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people 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.

- Data showed patient outcomes were comparable to local and national averages.
- 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 multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice made a number of additional services available to patients. There were a number of clinics available at the practice (for example, with advocates, counsellors and specialist nurses). In addition, the practice employed a pharmacist who was able to provide testing and advice for patients with complex needs.
- Some staff of the practice had been involved in setting up a charity that provided cookery and educational courses to various groups of people, with the aim of improving the health of patients.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- It 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 this.
- 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 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 knowing about notifiable safety incidents

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. 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.

- 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 offered on-site phlebotomy, improving access to this service for frail and older patients.

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.
- The practice worked with specialist nurses to hold on-site clinics for a number of long-term conditions.
- The practice pharmacist provided medicines reviews and testing (such as spirometry) for patients with complex needs and long-term conditions.
- Self-management courses were available at the practice to those with long-term conditions.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people 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.

- 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 comparable to local and national averages for all standard childhood immunisations.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice ran a weekly baby clinic with GPs, practice nurses and health visitors present.
- A psychology service was run on site for patients up to the age of 18 years.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered an evening clinic with appointments available with the GPs and practice nurses.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- There was a weekly clinic with a Turkish speaking advocate at the practice, and the practice utilised local translation and advocacy services when necessary.
- It offered longer appointments for people who would benefit from these.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.

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).

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- There were on-site Primary Care Psychology and counselling services available to patients.
- It 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 received training on how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The most recent national GP patient survey results published on this practice is dated July 2015. The results showed the practice was performing in line with local and national averages. Four hundred and sixty-six survey forms were distributed and 108 were returned. This represented 23.2% of the practice's patient list.

- 61.1% found it easy to get through to this surgery by phone compared to a CCG average of 72.4% and the national average of 73.3%.
- 90.3% were able to get an appointment to see or speak to someone the last time they tried, compared to a CCG average of 83.5%, and the national average of 85.2%.
- 87.6% described the overall experience of their GP surgery as fairly good or very good, compared to the CCG average of 82.3%, and the national average of 84.8%.

- 83.3% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area, compared to the CCG average 76.1%, and the national average of 77.5%.

As part of our inspection we also asked for CQC Comment Cards to be completed by patients prior to our inspection. We received 22 responses, all of which were positive about the standard of care received. However, five patients reported that they found it hard to book appointments on occasion.

We spoke with 5 patients during the inspection. All patients spoken to said they were happy with the care they received and thought staff were approachable, committed and caring.

Well Street Surgery

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 advisor and a second CQC inspector.

Background to Well Street Surgery

Well Street Surgery is a practice based in Hackney, London, and serves a diverse population of approximately 13,600 patients. The local population is 60.9% White, 17.6% Black/African/Caribbean/Black British, 8.7% Asian/Asian British, 8.1% as mixed/multiple ethnic groups, and 4.7% as other ethnic groups.

The practice has six GP partners, six salaried GPs (five male and seven female GPs in total), as well as up to two trainee GPs. There are also four practice nurses, a practice manager and deputy practice manager, a pharmacist, health care assistant and a number of administrative and reception staff. The practice is a teaching and a training practice.

The practice is open from 8:30am to 1:00pm every weekday morning and from 2:00pm to 6:30pm every weekday afternoon, except Thursdays. Appointments are available from 9:00am to 12:45pm and from 2:30 to 6:00pm on Mondays, from 8:30am to 12:45pm and 2:30pm to 8:30pm on Tuesdays, from 9:30am to 12:45pm and 2:30pm to 6:00pm on Wednesdays, from 8:30am to 12:45pm on Thursdays, and from 9:30am to 12:45pm and 2:30pm to 6:00pm on Fridays.

When the practice is closed, patients are re-directed to an out-of-hours service.

The practice is registered to provide diagnostic and screening procedures, family planning services, maternity and midwifery services, surgical procedures, and for the treatment of disease, disorder or injury.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 had not been inspected before.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice.

We carried out an announced visit on 21 January 2016. During our visit we:

- Spoke with a range of staff (including GPs, a practice nurse, the practice manager, the practice pharmacist and reception staff) and spoke with patients who used the service.

Detailed findings

- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had reported an incident in which a patient had been issued with a prescription which should have been discontinued following an inpatient stay. The practice evidenced that this incident had been discussed amongst staff, and improved safety procedures were implemented to prevent a similar event occurring in the future.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing 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 children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- 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 check (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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, utilising the skills of the resident pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice also employed a prescriptions clerk, who ensured that prescription pads were kept securely and their movement and use monitored.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four 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.
- 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.

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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire

Are services safe?

drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that 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 were alarms installed throughout the practice, allowing staff to alert colleagues to an emergency situation.
- All clinical staff received annual basic life support training, while non-clinical staff received this training every three years, and there were emergency medicines available in consultation rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff at secure areas of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.1% of the total number of points available, with 10% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national averages, with 95.5% of patients with a last blood pressure reading (measured in the preceding 12 months) of 150/90 mmHg or less, compared to the CCG average of 95.9% and the national average of 91.4%. In addition, 92.7% of patients had a record of being referred to a structured education programme within 9 months after entry on to the diabetes register, compared to the CCG average of 96.5% and national average of 90.3%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) of 150/90 mmHg was 85.6%, similar to the CCG average of 87.9% and national average of 83.6%.

- Performance for mental health related indicator was similar to the CCG and national averages. For example, 95.8% of patients with schizophrenia, bipolar affective disorder and other psychoses had a blood pressure reading in the preceding 12 months, compared to the CCG average of 91.1% and national average of 89.5%.

Clinical audits demonstrated quality improvement.

- There had been 14 clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had recently carried out an audit on opiate prescribing in non-cancer patients. They had initially audited 30 patients and reviewed a number of aspects of their prescriptions. The practice discussed these findings and reinforced guidelines, before re-auditing another 30 patients six months later. The practice found that performance had improved on several measures, including the number of patients where an indication for the prescription had been recorded (initially 66% and increased to 100%), and the number of patients with a clear treatment plan in place (initially 60% and increased to 87%).

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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.

Are services effective?

(for example, treatment is effective)

- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80.66%, which was comparable to the national average of 81.83%. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79.6% to 98.4% (compared to the CCG range of 80.6% to 92.5%). For five year olds immunisation rates ranged from 87.3% to 97% (compared to the CCG range of 81.3% to 94.4%).

Flu vaccination rates for the over 65s were 69.4%, and at risk groups 50.46%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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 all members of staff being courteous and very helpful to patients in attendance at the Practice and to those who called the Practice on the telephone. All staff treated patients with dignity and respect regardless of their location.

During the inspection the following observations were also made:-

- 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.
- Patients had the facility of a private room should they not want to discuss sensitive issues at the reception desk.

All of the 22 Care Quality Commission Patient Comment Cards we received were generally positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. However, five patients did report occasional difficulties and delays in booking appointments.

We spoke with three members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The PPG member stated that Practice management were active when it came to actioning suggestions proposed by the PPG. For example, the PPG had discussed some difficulties that patients were having in using the practice's telephone system, and had suggested improvements. The practice implemented a new telephone system, offering increased options and information for patients. The practice reported positive feedback on this new system.

Results from the national GP patient survey showed patients felt that they were treated with compassion,

dignity and respect. The practice scores are slightly above the CCG average and comparable with the national average for its satisfaction scores on consultations with GPs. For example:

- 93.1% said the GP was good at listening to them compared to the CCG average of 86% and national average of 88.6%.
- 86.9% said the GP gave them enough time compared to the CCG average of 83.1%, and national average of 86.6%.
- 97.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 93.3%, and national average of 95.2%
- 87.9% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83%, and national average of 85.1%.
- 87.9% said the last nurse they spoke to was good at treating them with care and concern compared to CCG average 85.9%, and national average of 90.4%.
- 90.7% said they found the receptionists at the practice helpful compared to CCG average of 87.3%, and national average of 86.8%

Staff told us that translation services were available for patients who did not have English as a first language. In addition a number of clinical and non-clinical practice staff spoke a second language. Notices for this service were displayed in the waiting area. In addition, a Turkish speaking advocate attended the practice for one session per week.

A chaperone facility was available for patients who wished to use this, and notices were displayed in the waiting and clinical areas. Staff routinely offered patients a chaperone when conducting intimate examinations.

Care planning and involvement in decisions about care and treatment

Patients we spoke to on the day of inspection 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 on the comment cards we received was also positive and aligned with these views.

Are services caring?

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 above local and national averages. For example:

- 90.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.3% and the national average of 86%.
- 87.9% said the last GP they saw was good at involving them in decisions about their care, compared the CCG average of 78.2% and the national average of 81.4%.
- 83.6% said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 80.7% and the national average of 84.8%.

These results from the GP Patient Survey shows Practice results broadly comparable to the CCG averages. The survey data revealed that nurses provided explanation of tests and treatments, as well as involving patients in the decision making process of their care.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room 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. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Home visits were available for older patients and patients who would benefit from these.
- The practice offered phlebotomy on-site, which was beneficial for older and frail patients.
- There were a number of clinics available with both the practice nurses and specialist nurses to support those with long-term conditions.
- The practice employed a pharmacist onsite who was able to provide diagnostic testing and medicines reviews for patients with complex and long-term conditions.
- Same day appointments were available for children and those with serious medical conditions.
- The practice offered a weekly baby clinic, with GPs, practice nurses and health visitors.
- First Steps Psychology services were available on-site for younger patients.
- The practice offered evening appointments one day per week, with both GPs and nurses, which was beneficial for working age patients.
- Patients could book appointments, view records and request repeat prescriptions on-line.
- One of the practice's GPs was also a trained osteopath and patients were therefore able to access osteopathy services at the practice.
- The practice also had a GP with Special Interests in dermatology, minor surgery and joint injections, enhancing the number of services that patients could access in-house.
- There were disabled facilities and access throughout the practice.
- Weekly sessions with a Turkish advocate were available at the practice, as well as other translation services for patients who would benefit from these.
- There were regular on-site sessions with smoking cessation, drugs and alcohol counsellors.
- There were on-site counselling and psychology services available to patients.

- Some staff of the practice had been involved in setting up a charity, 'Helping Hackney Health', which offered healthy cooking and education courses to patients with learning disabilities and their carers, families, people from various communities in the practice area, diabetics and people with poor mental health. The practice found that those attending the courses increased their fruit and vegetable consumption over the duration of the course (fruit from 1.52 to 2.53, vegetables from 1.41 to 2.61) and 90% of participants were 'confident' at the end of the course in reading food labels compared to 58% at the beginning of the course.

Access to the service

The practice was open from 8:30am to 1:00pm every weekday morning, and from 2:00pm to 6:30pm every weekday afternoon, except Thursdays. Appointments were available from 9:00am to 12:45pm and from 2:30 to 6:00pm on Mondays, from 8:30am to 12:45pm and 2:30pm to 8:30pm on Tuesdays, from 9:30am to 12:45pm and 2:30pm to 6:00pm on Wednesdays, from 8:30am to 12:45pm on Thursdays, and from 9:30am to 12:45pm and 2:30pm to 6:00pm on Fridays.

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

- 75.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.8% and national average of 74.9%.
- 61.1% patients said they could get through easily to the surgery by phone (CCG average 72.4%, national average 73.3%). The practice had recently installed a new telephone system, in response to patient feedback.
- 60.5% patients said they usually see or speak to the GP they prefer (CCG average 54.9%, national average 60%).
- People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

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

- 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 dedicated complaints leaflet for patients.

We looked at 12 complaints received in the last 12 months and found that these were dealt with in a timely and appropriate way. Lessons were learnt from concerns and

complaints and action was taken as a result to improve the quality of care. For example, the practice had received a complaint regarding a delay in a patient receiving a letter from their GP. The practice investigated and dealt with the complaint, and introduced improved communication and regular updates between secretaries and the clinical team to ensure that information passed on to patients about waiting times was accurate.

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 in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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 in doing so and felt supported if they did. We noted team away days and outings were held regularly.
- 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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had gathered feedback from staff through regular formal and informal meetings, away days and yearly appraisals. 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

Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. A number of members of the practice team were studying for further qualifications and the practice was proactive in encouraging staff to develop.