

Strouts Place Medical Centre

Quality Report

3 Strouts Place
Pelter Street
London E2 7QU
Tel: 020 7739 8859
Website: www.stroutsplace.nhs.uk

Date of inspection visit: 28 June 2016
Date of publication: 02/03/2017

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	11
Background to Strouts Place Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Strouts Place Medical Centre on 28 June 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 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 by GPs and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

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

The areas where the provider should make improvement are:

- Should continue to keep under review the decision not to have a defibrillator on site as part of the practice's arrangements for dealing with medical emergencies.
- Consider further ways of meeting the needs of patients with some long term conditions given the comparatively high exception reporting rates in some clinical domains.
- Consider further ways of improving uptake of cervical, breast and bowel cancer screening tests.

Summary of findings

- Continue to monitor and improve patients' satisfaction scores on consultations with nurses.
- Strengthen arrangements for the identification and support of carers amongst the patient list.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 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.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care, especially consultations with GPs. Some aspects of care given by a nurse however did not compare well with other practices. The practice was working hard to understand the reason for this and to improve patients' experience in these areas, and continued to collect patient feedback on a monthly basis to monitor progress.

Good



Summary of findings

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice was part of Tower Hamlets Together, one of 50 vanguard sites selected by NHS England to take a lead on the development of new care models.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

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

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- One of the GPs had a special interest in elderly care medicine and had completed further training in the area. They were available to colleagues to discuss any queries or concerns about patients' care.
- GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care to patients at high risk and with enhanced needs.

Good



People with long term conditions

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

- Nursing staff as well as GPs had key roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance against diabetes indicators was comparable to national averages. Strouts Place Medical Centre was the highest performing practice in its cluster of practices in Tower Hamlets on diabetes in 2015-16.
- 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.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.

Good



Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations. Strouts Place Medical Centre was the highest performing practice in Tower Hamlets in 2015-16.
- Uptake of the cervical screening test was comparable to national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- One of the GPs had completed further training to provide obstetric and gynaecological services for patients at the practice.
- 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 (including those recently retired and students).

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

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 those with a learning disability.
- The practice provided the safe haven service for Tower Hamlets and City & Hackney patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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 (including people with dementia).

- Forty per cent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- Performance against mental health indicators was comparable to national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- A mental health liaison nurse was based at the practice once a week to support patients leaving hospital. Psychologist appointments were also available at the practice.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- One of the GPs had a special interest in mental health and was available to colleagues to discuss any queries or concerns about patients' care.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and six survey forms were distributed and 70 were returned. This represented two per cent of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 77% 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 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the 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 20 comment cards which were all positive about the standard of care received.

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

The practice's Friends and Family Test score was 82% patients recommend this practice, based on 50 responses.

Strouts Place Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Strouts Place Medical Centre

Strouts Place Medical Centre is located in Bethnal Green in East London. It is a member of NHS Tower Hamlets Clinical Commissioning Group (CCG).

The practice is located in the second more deprived decile of areas in England. Life expectancy is 9 years lower for men and 4 years lower for women compared to the national average. Thirty eight per cent of children live in poverty.

The practice has approximately 3,800 registered patients. The provider told us the practice had seen 67% of its patients in the last six months. The practice has many more patients in the 20 to 44 years age range than the England average, and far fewer patients in the 60 to 85+ years age range than the England average. Thirty six per cent of the local population use Bengali as their main language and 54% use English.

Services are provided by Strouts Place Medical Centre under a General Medical Services (GMS) contract with NHS England.

The practice is in purpose built premises and is fully wheelchair accessible. There are seven consulting rooms, a nurse's room and the healthcare assistant's room.

Strouts Place Medical Centre is a teaching practice for medical students.

Four GPs work at the practice making up the equivalent of three whole time staff (WTE). There is one part time nurse (0.5 WTE) and one full time healthcare assistant and phlebotomist. The clinical staff are supported by a team of receptionist and administration staff headed up by a full time practice manager.

The surgery opening hours are:

- 9.00am to 6.00pm on Monday, Tuesday, Wednesday and Friday.
- 9.00am to 1.00 pm on Thursday.

The practice offers extended hours at the following times:

- 6pm to 8pm on Tuesday and Wednesday

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

GP consultation times are:

- 9.00am to 1.00pm and 2.00pm to 6.00pm on Monday
- 9.00am to 1.00pm, 2.00pm to 6.00pm and 6.30pm to 7.30pm on Tuesday and Wednesday.
- 9.00am to 1.00pm on Thursday.
- 9.00am to 1.00pm and 2.00pm to 6.00pm on Friday.

Strouts Place Medical Centre is registered with the Care Quality Commission to carry on the following regulated activities at Strouts Place Medical Centre, 3 Strouts Place, Pelter Street, London E2 7QU: Diagnostic and screening procedures, Maternity and midwifery services, Surgical procedures, and Treatment of disease, disorder or injury.

We inspected this practice before on 17 December 2013. We found the practice was meeting the following essential standards: Respecting and involving people who use services, Care and welfare of people who use services,

Detailed findings

Safeguarding people who use services from abuse, Staffing and Assessing and monitoring the quality of service provision. The inspection report can be found at www.cqc.org.uk/location/1-549016815.

Why we carried out this inspection

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

We inspected this practice using the previous methodology on 17 December 2013. The practice was meeting the essential standards.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 June 2016. During our visit we:

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

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had strengthened monitoring arrangements for checking medical emergency equipment after some equipment was found to be out of date.

Overview of safety systems and processes

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

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

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

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The healthcare assistant was the infection control clinical lead. 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. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The healthcare assistant was trained to administer vaccines against a patient specific prescription or direction from a prescriber.
- We reviewed one personnel file and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as 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.
 - All staff received annual basic life support training.
 - 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.
 - Oxygen with adult and children's masks was available on the premises.
 - The practice did not have a defibrillator available on the premises. The provider had completed a risk assessment to support this decision. It was noted that the local A&E department was close by, at just over one mile away. The provider had reviewed the risk assessment on 20 June 2016 and further work was in progress to assess the need for a defibrillator on the premises, for example in light of plans to increase the practice's patient capacity. One of the partners had been tasked with doing some further work on needs assessment, examining options, and developing an implementation plan.
 - A first aid kit and accident book were available.
 - 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.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 89% of the total number of points available. Exception reporting was higher than average for cancer (practice 33%, CCG 13%, England 15%) and cardiovascular disease – primary prevention (practice 50%, CCG 17%, England 30%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The provider told us they followed the standard criteria for exception reporting.

This practice was not an outlier for any QOF (or other national) clinical targets in 2014-15. Data showed:

- Performance for diabetes related indicators was comparable to national averages, for example the percentage of people with diabetes in whom the last IFCC-HbA1C (a measure of blood sugar levels) is 64 mmol/mol or less in the preceding 12 months was 68% (national average 78%), the percentage in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less was 89% (national average 78%), and the percentage whose last measured total

cholesterol within the preceding 12 months is 5 mmol/l or less was 88% (national average 81%). In this, the practice had been successful in overcoming barriers to diabetes care in South Asian people.

- Performance for mental health related indicators was comparable to the national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% (national average 88%).

There was evidence of quality improvement including clinical audit.

- There had been ten clinical audits carried out in the last 12 months. Two of these were two-cycle audits where the improvements made were implemented and monitored. One of the two-cycle audits, for example, covered the management of patients with atrial fibrillation. The second cycle of the audit showed the practice had taken action and had achieved its aim to implement guidance on anticoagulation therapy for eligible patients.
- The practice participated in local audits and benchmarking
- Findings were used by the practice to improve services. For example, recent action taken as a result included updating clinicians on guidance on requesting and following up liver function tests, and plans to repeat the liver function test audit to check for improvement.

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 health and safety, fire and information governance. Safeguarding and basic life support training was completed at this stage as a priority.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

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, clinical supervision, and facilitation and support for revalidating GPs and the nurse. 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 regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and worked with the carer to make a decision about treatment in the person's best interests.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Healthy lifestyle and addiction advice was available at the practice.

The practice's uptake for the cervical screening programme was 63% which was below the CCG average of 68%. The national average was 74%. The practice continued to encourage women to have the test by offering reminders for patients who did not attend for their cervical screening test and having a female sample taker was available. The practice was also in the process of recruiting a new GP: candidates had a special interest in women's health. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening although uptake was lower than the CCG average (bowel cancer screening - practice 22.4%, CCG 36.1%; breast cancer screening - practice 48.5% CCG 57.9%). Staff told us some patients do not access these services for cultural and social reasons.

Childhood immunisation rates for the vaccinations given compared very well with CCG averages in 2015-2016. The practice achieved 100% for 3rd DTap/IPV/Hib given at 1 year, 2nd year MMR1, and MMR 2 given by 5 years.

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 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). 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 above average for its satisfaction scores on consultations with GPs. 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%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.

The practice was above average for helpfulness of reception staff. Eighty seven per cent of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Two scores was below average for consultations with nurses, however:

- 59% 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%.
- 57% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- Nevertheless 91% of patients said they had confidence and trust in the last nurse they saw, close to the CCG average of 94% and the national average of 97%.

The practice had taken remedial action and continued to collect, review and monitor patient feedback between national annual patient surveys. For example it collected Friends and Family Test responses from 50 patients every month via hand written and online forms, text messages, and over the phone. While positive responses about doctors, nurses and the staff generally outweighed negative ones, the provider had identified the need to educate patients about practice policies on test results and appointment timings as part of communicating more effectively with patients.

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 with their GP. Results were in line with local and national averages. For example:

Are services caring?

- 77% 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%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% national average of 82%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information about services and about health on the practice's website could be translated into other languages at the touch of a button.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 patients as carers (0.6% of the practice list). There was a protocol for the identification of carers. 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 by phone or visited them if necessary. They could continue to be seen at the surgery if they needed further support or advice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours appointments to 7.30pm on Tuesdays and Wednesdays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and translation services available.

Access to the service

The surgery opening hours were:

- 9.00am to 6.00pm on Monday, Tuesday, Wednesday and Friday.
- 9.00am to 1.00 pm on Thursday.

The practice offered extended hours at the following times:

- 6pm to 8pm on Tuesday and Wednesday

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

GP consultation times were:

- 9.00am to 1.00pm and 2.00pm to 6.00pm on Monday
- 9.00am to 1.00pm, 2.00pm to 6.00pm and 6.30pm to 7.30pm on Tuesday and Wednesday.
- 9.00am to 1.00pm on Thursday.

- 9.00am to 1.00pm and 2.00pm to 6.00pm on Friday.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were available for people that needed them. The practice aimed see patients wanting a routine appointment within 48 hours. Telephone and online GP consultations were also available.

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.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 67% and the national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 66% 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.

Listening and learning from concerns and complaints

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

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

We looked at two complaints received in the last 12 months and found they were investigated thoroughly and dealt with in a timely and open way. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, the number of reception staff on duty at busier times of the day was increased to reduce the likelihood of mistakes being made.

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's ethos was clearly articulated and staff demonstrated their commitment to it: they took pride in maintaining high clinical and professional standards, they fostered and encouraged a learning environment, and they looked always for ways to improve the care they offered to patients.
- The practice had identified three areas for development and was in the process of:
 - Recruiting a new GP, one that would have a special interest in women's health and family planning and so improve these services offered by the practice.
 - Becoming a training practice. It was awaiting the accreditation visit that would confirm that it met the standards for providing training to qualified doctors wishing to become GPs.
 - Expanding the practice. Funding had been approved for a new clinical room and the practice was at the forefront of investigating innovative ways of improving patient care and increasing capacity as part of the Tower Hamlets Together vanguard.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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

Are services well-led?

Good 

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

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 had submitted proposals for improvements to the practice management team. For example, the arrival and calling system was replaced to make it easier for patients to attend their appointments.
- The practice had gathered feedback from staff 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. 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 successfully took part in local network improvement schemes to improve outcomes for patients in the area, for example around diabetes, COPD (chronic obstructive pulmonary disease), integrated care, childhood immunisations and health checks.