Aberfeldy Practice

Quality Report

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Date of inspection visit: 30 June 2016
Date of publication: 02/11/2016

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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Aberfeldy Practice on 30 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 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. For example, they had in-house phlebotomy run by the healthcare assistant daily.
- The practice worked and supported the local community. For example, the practice held a number of health promotion events at the local schools and community centres for vulnerable people.
- 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 one area of outstanding practice:

They proactively arranged health promotional events in the community in different settings and locations to encourage healthy lifestyle and self-care and worked with other organisations such as the health trainers to

Summary of findings

promote this. As a result of the work the practice did, their A&E attendance was 19% less than the CCG average in 2014/15 and unverified data shows that they were 15% less than the CCG average in 2015/16.

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?

Good

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- 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.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- 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.
- We observed a strong patient-centred culture.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, they participated in the retinal screening transport programme for diabetic patients who were not attending their screening.
- The practice took innovative approaches to providing integrated patient-centred care.
- Patients can access appointments and services in a way and at a time that suits them. All urgent requests for appointments were triaged by GPs with telephone consultations on the day and if required further consultations were booked with the same GP on 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The 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

Good

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.
- All patients over the age of 65 years had a personalised care plan and a named GP responsible for coordinating care for that patient.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Clinicians attended the local elder's lunch club and offered healthcare advice about flu immunisation, healthy eating and keeping warm in the winter.

People with long term conditions

Good

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.
- Performance for diabetes related indicators was similar to the national average. For example, 71% of patients with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 72% for CCG average and 78% for national average.
- 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.

Families, children and young people

Outstanding

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.

Summary of findings

- We saw the practice held two to three educational events at the local children's centre, for parents in the local area to attend and discuss common ailments in particularly those concerning children and women's health.
- We saw evidence that the outreach work had reduced the practices A&E attendance, which was 19% lower than the CCG average in 2014/15 and unverified data showed that they were 15% lower than the CCG average in 2015/16.
- We also saw that as a result of the ongoing educational events, the practice's uptake for the cervical screening programme was 93%, which was better than the CCG average of 79% and the national average of 82%.
- We saw evidence as a result of the outreach work in schools and to parents that immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

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

People whose circumstances may make them vulnerable

Good

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.

Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice worked with local community services and carried out health promotional events for vulnerable patients.
- 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)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Performance for dementia related indicators was better than the national average. For example, 89% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, compared to 87% for CCG average and 84% for national averages.
- Performance for mental health related indicators was better than the national average. For example, 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 83% for CCG average and 88% for national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line and above local and national averages. Four hundred and eleven survey forms were distributed and 90 were returned. This represented 1.4% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% 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%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards, which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The cards highlighted that in general staff responded compassionately when they needed help and provided support when required.

We spoke with three patients during the inspection and one member of the patient participation group (PPG). All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Outstanding practice

- They proactively arranged health promotional events in the community in different settings and locations to encourage healthy lifestyle and self-care and worked with other organisations such as the health trainers to promote this. As a result of the work the practice did, their A&E attendance was 19% less than the CCG average in 2014/15 and unverified data shows that they were 15% less than the CCG average in 2015/16

Aberfeldy Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Aberfeldy Practice

Aberfeldy Practice is located in Tower Hamlets. The practice is in a purpose built building providing GP services to approximately 6,550 patients. Services are provided under a General Medical Services (GMS) contract with NHSE London and the practice is part of the Tower Hamlets Clinical Commissioning Group (CCG). The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, surgical procedures, family planning and diagnostic and screening procedures.

The practice is staffed by four GP partners and three salaried GPs. One of the GP partners was the Medical Director of the local GP Care Group in Tower Hamlets. There are four male GPs and three female GPs. The GPs provide 36 sessions between Mondays to Saturday. The practice employs two part time female practice nurses and one part time female healthcare assistant. There are seven administrative staff and two practice managers. The practice is an approved teaching practice, supporting undergraduate medical students.

The practice is open between 8.30am and 6.00pm Monday to Friday, with the exception of Wednesday morning, when the practice opens at 8.15am. The first Friday of every month, the practice is closed between 12.30pm and 2.30pm for a practice meeting. Appointment times are between 9.00am to 12.30am and 2.00pm to 5.30pm. The practice telephone lines are closed between 12.30pm and 1.30pm, however the practice is still open to patients. Telephone consultations with a GP are offered daily. Extended surgery hours are offered on two Saturdays every month, between 9.00am and 11.30am. Appointments can be booked in person, over the telephone or online. The out of hours services are provided by an alternative provider when the practice telephone lines are closed and after 6.00pm. The details of the service is displayed on the practice leaflet and accessed by calling the practice number.

The practice has a higher than national average population of people aged 20 to 40 years and a lower than average population of people aged 45 to 85 years and over. Approximately 30% of the practice population is between the ages of 20 to 40 years. Life expectancy for males was 76 years, which is one year lower than the CCG average of 77 years and three years less than the national average of 79 years. The female life expectancy in the practice is 82 years, which is the same as the CCG average and one year lower than the national average of 83 years.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

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

Detailed findings

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.

Aberfeldy Practice was not inspected under the previous inspection regime.

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 30 June 2016. During our visit we:

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

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

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

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

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

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

Good

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 saw evidence of significant events being discussed in clinical and practice meetings on a regular basis and were monitored to identify any trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw a log of all safety alerts was maintained including actions and who it was actioned by for the last 12 months. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw a full investigation had been carried out after a patient required emergency medical assistance whilst at the practice. We saw as a result of the incident the practice reviewed the items they needed to keep in their resuscitation bag. We saw that the resuscitation bag now contained all the necessary equipment needed in a medical emergency.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and nurses were trained to level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken every six months 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. One of the nurses had recently qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for

the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber (PSD is a written instruction from a doctor or other independent prescriber for a medicine to be supplied or administered to a named patient).

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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 98.2% of the total number of points available. The practice had low exception reporting for clinical indicators of 4.9% compared to national average of 9.2%. (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 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 71% of patients with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 72% for CCG average and 78% for national average.
- Performance for mental health related indicators was better than the national average. For example, 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 83% for CCG average and 88% for national average.
- Performance for dementia related indicators was better than the national average. For example, 89% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, compared to 87% for CCG average and 84% for national averages.

There was evidence of quality improvement including clinical audit.

- There had been 20 clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had undertaken a CCG led prescribing audit in line with antimicrobial resistance strategy guidance. The practice had identified that they were not always complying with the antibiotic prescribing strategy for some of the antibiotics. The results taken between January and March 2015 showed that the practice was 19% compliant with antibiotic prescribing of co-amoxiclav. The practice had a clinical meeting where results of the audit was discussed and as a result a summarised prescribing guidance for common conditions was placed in each clinical room and in the GP Locum folder for clinicians to use for guidance. The practice re-audited their practise after changes were implemented between January and March 2016. Results from this showed that the practice had improved co-amoxiclav prescribing compliance to 95%.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, we saw evidence of asthma, spirometry and diabetes updates in the last 12 months.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 93%, which was better than the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages for 2014/15. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 97% and five year olds from 77% to 97%. On the day of inspection, the practice showed us unverified data, which showed that they were achieving 100% across all children's immunisations for 2015/16.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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 34 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. The cards highlighted that in general staff responded compassionately when they needed help and provided support when required.

We spoke with three patients and one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice performance was similar to other practices in its satisfaction scores on consultations with GPs and nurses. For example:

- 81% 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%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 89% 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%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 78% 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%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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 70 patients as carers (1% of the practice list). We saw the practice had a written action plan to identify more carers and we saw the practice had added a question on carers on their registration form. Written information was available to direct carers to the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in the Diabetic retinal screening programme. Patients with diabetes who were failing to attend retinal screening were offered a collection and drop off service to the retinal screening centre once a week. The practice approached 50 people who had failed to attend screening in the last 15 months, of which 48 agreed and attended the screening using the transport facilities. The practice used a local community services bus as the transport service. It was found that a significant number of patients had retinopathy and two were identified with sight threatening disease.

One of the GP partners was the Medical Director of the GP Care Group in Tower Hamlets, which aimed to provide innovative high quality, responsive and accessible health services through the collaborative work across all GP practices and local services in the community. The practice identified needs and preferences and provided tailored services to individuals. People we spoke with on the day of inspection and comment cards told us that the services available were flexible and patients were given the choice to make decisions for their own health and well-being.

- The practice used the 'Dr First' appointment system, which meant that all patients who called the practice and requested an urgent appointment would receive a same day telephone consultation with the GP. The GP would then decide if any further face-to-face consultation was necessary and would book then book an appointment on the same day. People told us that they could access appointments and services in a way and time that was suitable for them.
- The practice offered extended hours on two Saturdays a month between 9.00am and 11.30am, in particular for working patients who could not attend during week days. Patients could book appointments with the GP or nurse on this day.
- There were longer appointments available for patients who needed them, for example for patients with a learning disability, or appointments made with an interpreter.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available and a self-checking in touch screen. Although the practice did not have a hearing loop for people hard of hearing, they did have access to sign language services.
- The practice had a Bengali speaking advocate every Monday, Tuesday, Wednesday and Friday.
- The practice was accessible with all clinic rooms with ground floor level access.
- Appointments with the nurses were available Monday to Saturday. The healthcare assistant was trained to do phlebotomy and this service was available daily.
- There was a child health clinic every Wednesday morning between 9.00am and 11.00am led by the health visitor for children under the age of five years.
- There was joint antenatal clinic health on Friday mornings with the community midwifery team and GPs.

The practice had a close relationship with other organisations and the local community and used many of these services to meet people's needs. The practice were very active in sign posting the right patients to local organisations that they would specifically benefit from. The practice had an innovative approach to providing integrated person-centred care that involved other service providers. The practice had carried out a number of health promotional events for patients in the practice as well as those in the local community and we saw that these were ongoing. Some events in the past 12 months included:

- Events were held for women in the community. We saw evidence of events that had been held at the local school and children's centre for female parents to discuss a range of women and children's health concerns. This included weight loss and exercise, tiredness associated with iron deficiency and thyroid problems, pelvic floor exercises, postnatal depression and minor ailments. The GPs also educated women about the access to local services and health information. Women were informed about when to

Good

Are services responsive to people's needs?

(for example, to feedback?)

access A&E and other out of hour's services. These events were held a minimum of twice a year. We saw evidence to show that A&E attendance had been lower than CCG average consecutively for the past three years. For example, A&E attendance was 19% lower than CCG average in 2014/15 and unverified data showed that they were currently 15% lower than CCG average for 2015/16. We also saw that the practice's cervical screening programme was higher than the CCG and national averages as well as their childhood immunisations.

- Events were held for men in the community. GPs from the practice organised a healthcare promotional event at the local mosque in the evening and spoke to men about cancer screening, smoking cession and healthy lifestyles. The GPs delivered a presentation and answered questions from the group. We also saw the practice supported a local male community group and twice a year assisted with cooking meals for homeless people. The practice also provided funding to pay for the community centre bus as the transport facility for the retinal screening.
- Events were held for vulnerable people in the community. The practice had held an event at the local community centre with the health trainers for vulnerable patients, including the elderly, disabled and isolated residents in the community. They spoke to people about the services available to them in primary care and the health trainers gave advice and guidance on healthy lifestyle and services. The GPs had made an easy healthy lunch and snacks and had shown the group of people how to make the meals themselves.
- The practice had set up a pop up shop in the local market for a day with the support of GPs, health trainers and health advocates. People were able to get life style advice, health information and GP support.
- The practice along with other practices in the Network had composed a GP Healthy Lifestyle educational video. This covered common alignments such as, baby temperature, coughs and colds, types of infection and antibiotic use. This was played in the waiting area TV screen.

Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday, with the exception of Wednesday morning, when the practice opened at 8.15am. The first Friday of every month, the practice was closed between 12.30pm and 2.30pm for a practice meeting. Appointment times were between 9.00am to 11.30am and 2.30pm to 5.30pm. The practice telephone lines were closed between 12.30pm and 1.30pm, however the practice was still open to patients. During this time the GPs would also attend home visits. Extended surgery hours were offered on two Saturdays every month, between 9.00am and 11.30am. Appointments could be booked in person, over the telephone or online. The out of hours services were provided by an alternative provider when the practice telephone lines were closed and after 6.00pm. The details of the service was displayed on the practice leaflet and accessed by calling the practice number. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 88% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 88% of patients said they always or almost always see or speak to the GP they preferred compared to the national average of 76%.

People told us on the day of the inspection that they were able to get appointments when they needed them and that they liked the telephone GP consultation system.

Patients told us that meant they were able to see a GP if they needed to. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system on the summary leaflet available.

We looked at 12 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we saw that a complaint had been made about a request for a home visit, which was not carried out. We saw that this was discussed in a clinical meetings and it was agreed that GPs would make decisions together about complex home visits.

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 culture of learning and placed quality patient care at the centre of their decision making.

- The practice had a mission statement 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.
- The practice regularly monitored their business plans to ensure they continued to look forward, as well as to learn from past experiences.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

Staff told us the partners were approachable and always took the time to listen to all members of staff. The staff we spoke with were proud to work at the practice and felt that patients were offered an excellent service. We were told on numerous occasions that they felt committed to the care of patients, and many staff members spoke positively about working in an open environment where they were encouraged to learn. We saw and were told about awards that had been won, which included a GP team quality award for managing minor ailments in 2014.

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

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

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

- Staff told us the practice held regular team meetings for all of the staffing groups. This included a weekly partners meeting, a weekly clinical meeting attended by GPs and nursing staff and monthly practice meetings for all the staff, which was held on the first Friday of every month. The practice also held an annual significant events and complaints review meeting attended by all staff. This ensured that all staff were involved in identifying learning and facilitated improvement across all staffing groups.
- 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. Staff highlighted that there was no secrecy within the practice and a number of staff told us working there was like being part of a family. We were told that partners often thanked them for their work. 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. Staff told us they would not hesitate to share ideas for improvements with the

Are services well-led?

Good

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

management or GPs in the practice. Reception staff said the registration process could be time consuming and therefore they suggested a new way of processing new registration forms and the GP partners agreed to the changes.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG were concerned at the growing demand for appointments and wanted to explore other sources of healthcare services or information. Together with the practice they formulated a 'technology survey' to find out how many people in the practice had access to and used other technology. Results from the 24 surveys completed showed that 88% had access to the internet but 71% had not accessed the practice website for information about the practices services. The practice were due to discuss these findings with the PPG at their July 2016 meeting for next steps. The practice also gathered feedback from their 'feedback and comments' box in the waiting area from patients and the practice management team implemented these where possible. For example, patients requested for a water cooler in the waiting area and the practice installed one.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. We saw that the practice had set up a 10-week yoga programme for patients and staff, which was held at the local community centre. This was advertised in the practice inviting patients to attend. The GP partners told us that they had encouraged their staff to attend the classes and staff told us that they were looking forward to attending. The practice was working to set up a Bengali women's walking group, as they felt this group of women could sometimes feel isolated and would encourage them to exercise.

The practice team was forward thinking and sought to find innovative ways for patients to access care. For example, as part of their 'technology survey' they asked people if they would use a pod system to measure their own vital signs, including weight and blood pressure. The response was high and the practice had plans to install one.

The practice continued to work in their local community to reduce A&E attendance, increase children's immunisation uptake and cervical smears. The practice continues to work closely in their community with their outreach work in children's centres as well as actively sign posting relevant patients to community services that will benefit them.