

# St Pauls Way Medical Centre

## Quality Report

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

### Ratings

#### Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

#### OUTSTANDING

We carried out an announced comprehensive inspection at St Paul's Way Medical Centre on 9 October 2017. Overall the practice is rated as outstanding.

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

- This was the first inspection of the practice since their relocation to new, improved premises earlier in the year.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong, visible clinical and managerial leadership and governance arrangements and used innovative and proactive methods to improve patient outcomes, working with four other network practices and local providers to share best practice and develop integrated care.
- In response to the significant clinical and social challenges the practice employ a higher than average ratio of GP's to patients (1:1700) and nurses.
- The practice helped to promote and manage many population specific services and health education events targeted at young mums, young adults and ethnic minority groups. It encouraged social prescribing and acted as a hub to various support groups, for example, helping patients with depression, promoting recognition and management of minor ailments to young and new patients. These services improved patient self management (which helped reduce waiting times and improve access to healthcare).
- The results showed good patient uptake, which in turn has provided positive feedback for the practice, especially in terms of patient trust in the practice.
- To benefit the whole practice population and bespoke to the practice, a patient Health Champion programme was developed. This involved the practice training patients to volunteer and support other patients to improve individual understanding and control over their healthcare needs and led to improved patient satisfaction. The practice offered a seven week training course and had trained 56 Health

# Summary of findings

Champions of which 27 had attained a level 2 qualification in Understanding Health Improvement. This model of care goes beyond clinical outcomes and aimed to support patients in a more holistic way, addressing wider health determinants.

- The practice was proactive in obtaining patient feedback. This included feedback from regular 'meet the manager' events, their own surveys, Friends and Family Test (an average of 120 – 160 patient feedback per month), Patient Participation Group and Health Champions programme as well as the GP Patient Survey and NHS Choices. This enabled any issues, concerns or complaints to be raised, which were then systematically acted on. For example, improved patient access through online consultation.
- The practice had developed a leadership programme in 2016 and commissioned a facilitator to work with the leadership and wider practice team.
- The practice had good new facilities and was well equipped to treat patients and meet their needs. This included an area in reception where patients could self monitor their height, weight and blood pressure.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice were accredited as a YOU'RE WELCOME' pilot site. YOU'RE WELCOME provides a framework for delivering and planning young people's health services and through participation, that young people will have a greater understanding of the services available. It aims to help practices improve access to health services for marginalised groups.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result, although details of the local NHS complaint advocacy organisation, NHS England and the Ombudsman were not consistently included in responses to patients.

- We found that two indicators representing completion by the practice, childhood immunisations recommended for children up to 2 years of age, had been below the local and national average although the practice were actively taking action and could demonstrate significant improvement as of March 2017.

We saw several areas of outstanding practice including:

- The practice were very proactive. They had developed a practice Health Champions programme which commenced in 2016 and aimed to benefit patients across all of the practice population groups. Health Champions were usually patients trained by the practice who then volunteer to support other patients to increase control over and improve the patients' understanding of their health as well as the services at the practice. Over 250 patients had benefitted from the service. The practice offered a seven week training course and had trained 56 Health Champions of which 27 had attained a level 2 qualification in Understanding Health Improvement. Once trained the patient Health Champion would: run a weekly stall in the waiting room area, support the practice in planning / running events, collect feedback from patients, signpost patients to local services, assist patients in the waiting area with using the self-arrival machines, Web GP IPads and using the surgery pod.

However there were areas of practice where the provider should make improvements:

- Review the policies and procedures for complaints.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- There was evidence of regular equipment servicing / calibration. The practice carried out infection, prevention and control audits, the last one in September 2017.
- Medicines were well managed although we identified minor areas for review in relation to uncollected prescriptions.

### Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Two population groups were rated as outstanding for effective services; families, children and young people and people experiencing poor mental health (including people with dementia). This was because the practice had developed a patient Health Champion programme, had appointed a Community Health Advisor, co-produced health courses with patients and worked in partnership with local charities and the community to support people. The practice was also accredited as a You're Welcome pilot site, which provides a framework for delivering and planning young people's health services and through participation, that young people will have a greater understanding of the services available.
- Our findings at inspection showed that there were systems to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.

# Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable or above average compared to the national average. The practice had an effective action plan in place to address areas they needed to improve.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- The practice ensured that patients with complex needs, including those with life-limiting progressive conditions, were supported to receive coordinated care in innovative and efficient ways.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients had not rated the practice higher than others for several aspects of care but the practice had developed and implemented an effective action plan to address those areas.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, replacement of the telephone system to improve issues with telephone access and monitoring, the addition of a white board in reception to highlight to patients when there were delays in clinics and appointment times.
- A recent pilot using a messaging service to remind patients of their appointments or to cancel appointments if not needed, had reduced their non attendance rate from 35% to 21%.
- Patients could access appointments and services in a way and at a time that suits them. The practice offered appointments until 8pm or on Saturdays, booking appointments online or by phone and the option of an online consultation.

Good



# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs and had only moved into their modern, new premises earlier in the year.
- The practice worked closely with other organisations and with the local community in planning services that met patients' needs. For example, local schools, mosque, churches and voluntary organisations.
- The individual needs and preferences of people with a life-limiting condition, including patients with a condition other than cancer and patients living with dementia, were central to their care and treatment. Care delivered was flexible and provided choice.
- Information about how to complain was available and easy to understand although the complaint policy was not well publicised. The practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders. The practice manager held weekly 'meet the manager' events where patients could find out more about the practice, raise issues or concerns. These were in addition to meetings held with the PPG.

## Are services well-led?

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

- The practice gathered feedback from patients using new technology, and it had a very engaged patient participation group which influenced practice development. For example improving access challenges and waiting times for patients. The practice also had their own bespoke patient Health Champion programme which was developed to support patient health needs.
- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams who worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff told us that they felt empowered to make suggestions and recommendations for the practice.

**Outstanding**



# 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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example community nurses and the wider multi-disciplinary team (MDT).
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example healthy eating or the importance of influenza immunisation.
- The practice also had patient Health Champions who led walking groups and provided healthy cooking and nutrition workshops.

Good



### People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Diabetes indicators showed the practice was comparable to or above the national average. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2015 to 31/03/2016) was 85% compared to the national average of 80%.

Outstanding



# Summary of findings

- The practice had also provided Mindful Eating and Healthy Cooking six week nutrition workshops and a Ramadan diabetes workshop.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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

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

- The practice had appointed a Community Health Advisor to work closely with mothers and children under 5 years. They had worked with approximately 250 patients since the initiative was implemented. This built trust in the practice, the services provided and was helping to improve attendance rates.
- The practice held a DIY health course (co-produced with parents) on managing minor ailments. This was a 12 week course for parents with children under five years where parents explore how to navigate the health system to access support in the right place and at the right time. Topics were negotiated between local parents and a GP, weekly sessions were delivered and included common health concerns such as cold and flu, gastroenteritis, fever, feeding, skin conditions and ear pain.
- The practice was also accredited as a YOU'RE WELCOME' pilot site. YOU'RE WELCOME provides a framework for delivering and planning young people's health services and through participation, that young people will have a greater understanding of the services available. It aims to help practices improve access to health services for marginalised groups. It helped staff to become more inclusive giving them the confidence to engage with young people.
- We found that immunisation rates for standard childhood immunisations at the age of two were below the national average. To address this, the practice and network had developed an effective action plan and as of March 2017 had significantly improved this to meet their targets.

Outstanding





# Summary of findings

- The practice held an under 5's morning with Health Visitors and the toy house (a local charity) and provided a nutritionist session every two weeks with the Health Visitor clinics.
- The practice also held asthma and eczema workshops for parents and children, enabled weekly sessions with MEND Mums (a local charity) providing nutrition and exercise for mothers who have children under two.
- There were weekly discussions with the Health Visitors regarding perinatal mental health.
- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital. For example, home visits and discussion at MDT meetings to consider additional support needs. Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

## **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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments. Patients could email the practice for general enquiries and also offered appointment reminders via text messaging.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



# Summary of findings

- A gardening group was established for any patient interested in gardening and those recently retired and there was also a weekly walking and running group. The walking group regularly had six to ten walkers. The practice facilitated and enabled one to one employment support.
- Feedback from the patient Health Champions was that the programme had improved well-being, confidence and knowledge of the support services available in the local community.

## 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, travellers and those with a learning disability. Homeless people could register at another local service in Tower Hamlets, although the practice provided support to help them do this.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw a prominent presentation in reception put together by one of the patient Health Champions raising awareness of Domestic Violence. The practice also held in-house training sessions.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and had information available for vulnerable patients about how to access various support groups and voluntary organisations and supported patients to access these. The practice held specific clinics for substance misuse and alcohol services.
- Psychology services were based at the practice.
- Online referrals and appointments in the practice were made to the Social Prescribing project which for example enabled patients to receive benefits, financial or employment support.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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

- The practice had advocacy services on four days each week as well as an interpreting service and availability of language line. A patient Advisor was available in reception during busy periods.
- The practice offered longer appointments for patients with a learning disability and protected time for annual reviews.

## People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- < >  
The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, by ensuring training for staff in dementia care and capacity assessment, having a dementia care lead in the practice, integrated care plans, use of the Social Prescribing project, practice meetings with the locality mental health nurse and psychiatrist, proactive and opportunistic mental health review checks, training patient Health Champions.
- The practice provided Time to Change training which aimed to challenge mental health stigma and discrimination and offered patient Health Champion training to support patients with mental health needs.
- There was a peer support group for patients experiencing mental health issues – this was run in partnership with a local charity, Depression Changes Minds.
- Three staff at the practice had undertaken Mental Health First Aid training to support patients or staff.
- A gardening group was available and led by a patient Health Champion.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 was 94% compared to the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

Outstanding



# Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- There were weekly discussions with the Health Visitors regarding perinatal mental health.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. 392 survey forms were distributed and only 64 were returned. This represented 0.5% of the practice's patient list which was a very low response rate.

- 63% of patients described the overall experience of this GP practice as good compared with the CCG average of 78% and the national average of 85%.
- 50% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 47% 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 77%.

The practice acknowledges that the new clinical team brought into the practice will take some time to build relationships with patients and impact on GP Survey data. Therefore the practice continued to additionally gather real time data and feedback from the expanding Patient Health Champion team, their own surveys and feedback from the Friends and Family Test. The practice was aware of these results and had developed an effective action plan to help improve services. This included for example:

- Changing the telephone supplier and having a new telephone system installed which had more functionalities i.e. answering machine for cancellations, cloud system to hold all calls instead of going to busy tones. It also allowed the practice to track demand via the system to match call answering to enable informed improvements
- The management team were able to monitor telephone calls to determine wait times. This could be relayed to the Patient Assistant team and training provided to increase call efficiency.

- Customer care training for relevant front line staff.
- The practice were aiming for a new audit on telephone data and answering to be completed by November 2017.
- Waiting times were tracked and monitored by the Clinical Rota Manager.
- Raising awareness of other hub services that patients can access.
- Improvements in telephone triage.

To help improve the above feedback the practice had also enabled patients to book a more convenient appointment the practice was piloting a system where patients who were due an appointment for their long term condition (such as asthma), were sent a text with three appointments to choose from. This had resulted in decreasing the rate of patients who did not attend for their appointment and therefore increased availability of appointments.

Improvements in telephone triage and the introduction of a minor ailments clinic run by a pharmacist also increased the number of available appointments.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were positive about the standard of care received. Two patients' feedback indicated that they had not always found it easy to get through on the telephone to make an appointment but that they were very satisfied with the care and treatment received.

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

The practice had 162 responses to their friends and families test which was published in August 2017 and over 73% said they would recommend the practice.

# St Pauls Way Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to St Pauls Way Medical Centre

MEEBBB (Mile End East and Bromley by Bow) Health Community Interest Company (CIC) is the registered provider which operates St Pauls Way Medical Centre and provides GP primary medical services to approximately 11,600 patients living in the London Borough of Tower Hamlets. The CIC is run by representatives from five GP practices who work together as a network of practices to improve services for patients. The practice is part of the NHS Tower Hamlets Clinical Commissioning Group.

There is an overall clinical lead for the practice, appointed by the MEEBBB Health CIC Board. The day to day running of the practice is undertaken by the clinical lead, the MEEBBB Health Network, MEEBBB Contract Manager and the practice Management Team. The MEEBBB Health CIC Board is made up of five Directors representing the five practices within the Network including St Paul's Way Medical Centre.

It has a high proportion of patients who are non-English speaking or whose first language is not English and a higher than average younger population but a lower than average older population. The practice is in an area with a high deprivation weighting. The Indices of Multiple Deprivation score is one. The lower the Indices of Multiple Deprivation decile, the more deprived an area is.

The practice is registered with the CQC to provide the regulated activities Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

The clinical staff at the practice is made up of 10 GPs overall who provide a combined total of 64.5 sessions per week. One partner and nine were salaried GPs. There were three male GPs and seven female GPs, a nurse practitioner, two practice nurses and three health care assistants.

It is a teaching and training practice and at the time of the inspection there was one GP trainee and one trainee nurse working there. In addition, there is a contracts manager, practice manager, two deputy practice managers and an administrative team of 14.

GP's were contracted according to the hours worked per week rather than sessions, as that fitted more easily into an 8am to 8pm service and allowed more flexibility for employment.

The hours per week between all GP's came to 268.5 hrs per week in total. A GP "session" is defined as 4hrs 10mins and therefore for comparison this equals 64.5 sessions per week.

The practice reception and surgery opening hours are:

Monday to Friday: 8am to 8pm

Saturday: 9am to 5pm

Sunday: Closed

Appointments were available between:

Monday: 8am – 12pm, 12.30pm – 4pm, 4.30pm – 8pm

Tuesday: 8am – 12pm, 12.30pm – 4pm, 4.30pm – 8pm

Wednesday: 8am – 12pm, 12.30pm – 4pm, 4.30pm – 8pm

Thursday: 8am – 12pm, 12.30pm – 4pm, 4.30pm – 8pm

Friday: 8am – 12pm, 12.30pm – 4pm, 4.30pm – 8pm

# Detailed findings

Saturday: 9.30am – 12pm, 1pm to 5pm

Sunday: Closed

Extended appointments can be requested on any day when the practice is open.

If the practice is closed there is a number patients can call to obtain the Out of Hours service contact details. This is also on the practice website.

The practice was previously inspected in November 2014 at their former premises. Overall the practice was rated as outstanding. It was rated good in the key question areas of safe and caring but outstanding in the key question areas of effective, responsive and well-led. This inspection was to ensure that the practice were maintaining standards.

## Why we carried out this inspection

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

## How we carried out this inspection

For example:

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations for example the local HealthWatch to share what they knew.

We carried out an announced visit on 9 October 2017.

During our visit we:

- Spoke with a range of staff (GPs, nurses, contracts manager, practice manager, healthcare assistants, patient liaison advisor, community health advisor, reception manager) and spoke with patients who used the service.

- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a sample of anonymised 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system for reporting and recording significant events.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a delayed diagnosis of a child referred to the Rapid Access Paediatric clinic led to discussion with the paediatric team to discuss the management of urgent referrals. A new paediatric referral pathway was developed and put in place. A new 24hr safety net with the duty doctor was also put in place and shared learning of the clinical management.
- 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).
- From the sample of five documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses to level two or three.
- 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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC 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 minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes 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 clinical commissioning group medicines optimisation 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 to monitor their use. One of the nurses had qualified as an Independent



## Are services safe?

Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGD), these are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment, had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

- The practice held oral midazolam, a Schedule 3 controlled drug (medicines that require extra checks and special storage because of their potential misuse) rectal diazepam, Schedule 4 controlled drug for emergencies only and had procedures to manage them safely.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 an 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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). At the time of the inspection the most recent published results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. We have since reviewed the 2016/17 results which show continued improvement.

The practice had a comparable overall exception rate (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). For the practice this was 6%, the CCG average was 5% and the national average 6%.

The overall exception rates for osteoporosis, dementia, cervical screening and contraception were higher than the CCG or national averages, although many were significantly lower. For example, mental health related indicators, cardio-vascular disease primary prevention, asthma and cancer.

This practice was an outlier for some QOF (or other national) clinical targets. For example, breast, bowel and cervical screening.

The practice was aware of this and had developed a number of initiatives to address and improve these outcomes. For example, the Health Champions programme and working with the local community to raise awareness. Developing an access strategy, pro-active call and recall including appointment reminders by text. Support for patients who first language was not English for example, by having advocates in the practice, a patient champion in the reception waiting area to help patients' access services, appointments and information.

Data from 1 April 2015 to 31 March 2016 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients whose last measured total cholesterol (measured in the preceding 12 months) is 5mmol/l or less was: the practice 85%, the CCG 85% and national average 80%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/l or less in the preceding 12 months was:
- Performance for mental health related indicators was similar to the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed plan in the record, in the preceding 12 months was: the practice 92%, the CCG 89% and national average 89%.
- Performance for hypnotic prescribing: Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (Adj) (01/07/2015 to 30/06/2016). The practice 0.2%, the CCG 0.47% and national average 0.98%.

The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, by ensuring training for staff in dementia care and capacity assessment, having a dementia care lead in the practice, integrated care plans, use of the Social Prescribing project, practice meetings with the locality mental health nurse and psychiatrist, proactive and opportunistic mental health review checks, training patient Health Champions.

To support staff and patients with mental health needs, the practice provided 'Time to Change' training which aimed to



# Are services effective?

## (for example, treatment is effective)

challenge mental health stigma and discrimination and offered patient Health Champion training to support patients with mental health needs. Other initiatives to support people with mental health issues included:

- a peer support group for patients experiencing mental health issues – this was in partnership with a local charity, Depression Changes Minds.
- three staff at the practice had undertaken Mental Health First Aid training to support patients or staff.
- a gardening group was available and led by a patient Health Champion.
- weekly discussions with the Health Visitors regarding perinatal mental health.
- a prominent display in reception on domestic violence and training on ending violence against women and girls provided for patients.

There was evidence of quality improvement including clinical audit:

- There had been 13 clinical audits commenced in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit of all patients who have been prescribed oral co-amoxiclav, cephalosporins and quinolones antibiotics over a three month period to identify if the prescribing was in accordance with the Tower Hamlets guidelines and formulary.
- The practice held a reflective learning session on antibiotic prescribing, appointed an Antimicrobial Stewardship lead, raised awareness of resources for clinicians eg formulary and target for patients, held a meeting with the patient participation group (PPG) and put displays in the waiting area. The results were a significant improvement on reducing prescribing from Cycle 1 and further patterns / trends were identified. For example, prescribing compliance improved across all the former groups audited; 31% to 66%, 8% to 69% and 43% to 70%.

Information about patients' outcomes was used to make improvements such as: early identification of Chronic

Kidney Disease by increased awareness and early identification of patients with a falling estimated Glomerular Filtration Rate (eGFR). The eGFR tells how well a persons kidneys are working.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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, access to diabetes and asthma nurse specialist and Mental Health First Aid training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. 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.



# Are services effective?

## (for example, treatment is effective)

- From the sample of five documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### 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 and signposted them to or provided relevant services themselves. 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, help for parents of under 5's with managing minor ailments and workshops for managing eczema for children or adults.

- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice was accredited as a YOU'RE WELCOME' pilot site. YOU'RE WELCOME provides a framework for delivering and planning young people's health services and through participation, that young people will have a greater understanding of the services available. It aims to help practices improve access to health services for marginalised groups. Staff said it helped them to become more inclusive giving them the confidence to engage with young people.

The practice had appointed a Community Health Advisor to work closely with mothers and children under 5 years. They had worked with approximately 250 patients since the initiative was implemented. This built trust in the practice, the services provided and attendance rates.

The practice also held; an under 5's morning with Health Visitors and the toy house (a local charity), provided a nutritionist session every two weeks with the Health Visitor clinics, held asthma and eczema workshops for parents and children, enabled weekly sessions with MEND Mums (a local charity) providing nutrition and exercise for mothers who have children under two. Reported outcomes included: improved levels of fitness, increased stamina, increased exercise knowledge, improved wellbeing and mental health, increase confidence, better self-esteem, higher awareness of their surroundings and social connections.

The practice held a DIY health course (co-produced with parents) on managing minor ailments. This was a 12 week course for parents with children under five years where parents explore how to navigate the health system to access support in the right place and at the right time. Topics were negotiated between local parents and a GP, weekly sessions were delivered and included common health concerns such as cold and flu, gastroenteritis, fever, feeding, skin conditions and ear pain. In a recent DIY Health



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

course we saw that 90% of parents reported feeling better equipped to deal with their children's health. 100% said that they would recommend the course to a friend, especially first time mothers.

The practice's uptake for the cervical screening programme was 84%, which was comparable with the CCG average of 78% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were slightly higher or comparable to CCG/national averages for under two year olds but slightly lower than national averages in three of the four indicators for five year olds. For example, rates for the vaccines given to under two year olds ranged from 95.5% to 87% and five year olds from 94% to 92%. Following an action plan, the practice could demonstrate improvements made as of March 2017.

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

Patients had access to appropriate health assessments and checks. These included health checks for new patients and 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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced, although three referred to difficulties making an appointment. 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 four patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 comparable or below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 86%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 88% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 91%.
- 86% of patients said the nurse gave them enough time compared with the CCG average of 83% and the national average of 92%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 93% and the national average of 97%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 71% of patients said they found the receptionists at the practice helpful compared with the CCG average of 82% and the national average of 87%.

The views of stakeholders were positive and in line with our findings. For example, the patients we spoke with said the practice were very caring but acknowledged that access and waiting times could be improved but the practice had developed an action plan to improve this and were monitoring it. The practice manager had introduced a regular meeting 'meet the manager' where patients could attend and raise any issues / concerns. This was well publicised in the reception. Reception changes had been implemented and were being monitored to ensure continued improvements were realised. Further staff training had also been identified and put in place.

### 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.



## Are services caring?

Children and young people were treated in an age-appropriate way and recognised as individuals. For example, the practice was accredited for the 'YOU'RE WELCOME' pilot offering a confidential service to under 16 year olds.

Results from the national GP patient survey about patient involvement in planning and making decisions about their care and treatment were below local and national averages. For example:

- 72% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 80% and the national average of 86%.
- 59% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 78% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 90%.
- 73% 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%.

The practice had reviewed and discussed the results of the GP survey as a team and developed an action plan to address the areas where they were worse than the CCG or national averages. They shared this with us. They interviewed a sample of the PPG members using prepared questionnaires and analysed feedback.

The practice has historically been an outlier on the Mori poll. The practice recognises that although much of this is due to historic factors there are some elements that have required specific action. One element is to address the cultural and language difficulties patients have in responding to such a survey. A significant majority of the St Paul's Way Medical Centre Patients do not speak English as a first language and this is a likely the cause of the extremely poor response rate (16%).

The practice had responded by establishing processes within the practice to gather live information on performance. The Practice Manager ran weekly bookable surgeries to trouble shoot issues, the PPG was encouraged to actively help generate solutions to specific issues and the Patient Champions were a continuous source of informed feedback. The practice also advertised the GP Survey within the surgery, via text messaging and using the

bilingual health advocate and reception team to encourage those sent a survey to complete it. The practice has developed Quality Improvement work-plans to address issues such as embedding the new telephone answering service within the new site and diverting patients to online access services. The practice had one of the highest number of users of GP online consulting in Tower Hamlets.

The Mori poll data was tracked by the practice along with other measures of patient feedback. It is anticipated that the Quality Improvement work-streams and significant patient engagement initiatives and interventions will impact on these metrics in the near future.

The high achievement in clinical outcomes was also evidence of the quality of care being provided at the practice.

The practice had also reviewed available appointments slots and routinely offered 12 minute appointments, had dedicated Patient Liaison based in reception to support patients attending who may have queries about their care and treatment or services.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.)

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 187 patients as carers (1.5% of the practice list). The Integrated Care Network Improved Service targets those at risk of hospital admission or had significant health needs and proactively plan care and support for both patients and carers. There were also groups which carers could attend such as a walking group or other workshops which were run by the practice using their patient health champion volunteers.

Written information was available to direct carers to the various avenues of support available to them. Older carers

were offered timely and appropriate support. For example, in-house advocates and home visits where there was a cared for person who was housebound, flexible evening and Saturday appointments.

Staff told us that if families had experienced 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.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours Monday to Friday evening until 8.00pm for working patients who could not attend during normal opening hours. They also offered online consultations which they aimed to respond to within 24 to 48 hours. The practice had the highest number of weekly online consultations in Tower Hamlets.
- The practice sent text message reminders of appointments and test results. This had helped reduce non-attendance from 35% to 21%.
- On arrival, patients could self check in for their appointment and the practice patient Health Champions, Community Health Advisor and advocacy service, also provided support for any patients who wished to receive this.
- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as some only available privately. Patients requiring Yellow Fever vaccinations were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

### Access to the service

The practice was open between 8am and 8pm Monday to Friday and 9am to 5pm on Saturday. Appointments were available:

Monday: 8am – 12pm, 12.30pm – 4pm, 4.30pm – 8pm

Tuesday: 8.00am – 12.00pm, 12.30pm – 4.00pm, 4.30pm – 8.00pm

Wednesday: 8.00am – 12.00pm, 12.30pm – 4.00pm, 4.30pm – 8.00pm

Thursday: 8.00am – 12.00pm, 12.30pm – 4.00pm, 4.30pm – 8.00pm

Friday: 8.00am – 12.00pm, 12.30pm – 4.00pm, 4.30pm – 8.00pm

Saturday: 9.30am – 12.00pm, 1.00pm to 5.00pm

Extended hours appointments were offered Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. The practice routinely offered 12 minute appointment slots.

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

- 73% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 46% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 64% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 79% and the national average of 84%.
- 63% of patients said their last appointment was convenient compared with the CCG average of 74% and the national average of 81%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 50% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 29% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 47% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, although it was not always easy to get through on the telephone. The practice were monitoring telephone answering times and were aiming for a new audit on telephone data and answering to be completed by November 2017. The GP Survey data, NHS choices and Friends and Family feedback was discussed at clinical meetings and was on the agenda of most away days in the practice.

The practice acknowledges that the new clinical team brought into the practice will take some time to build relationships with patients and that make impact on GP Survey data. Therefore the practice continued to additionally gather real time data and feedback from the expanding Patient Champion team. The practice was aware of these results and had developed an effective action plan to help improve services. This included for example:

- Changing the telephone supplier and having a new telephone system installed which had more functionalities i.e. answering machine for cancellations, cloud system to hold all calls instead of going to busy tones. It also allowed the practice to track demand via the system to match call answering to enable informed improvements
- The management team were able to monitor telephone calls to determine wait times. This could be relayed to the Patient Assistant team and training provided to increase call efficiency.
- Customer care training for relevant front line staff.
- The practice were aiming for a new audit on telephone data and answering to be completed by November 2017.
- Waiting times were tracked and monitored by the Clinical Rota Manager.
- Raising awareness of other hub services that patients can access.

- Improvements in telephone triage.

The practice had a system to assess:

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

For example, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had a system 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. Although we found that information about how to make a complaint was not well publicised in the reception, the practice manager took action to address that during the inspection. It was not easy to find information about making a complaint on the practice website.
- The practice manager had introduced a weekly meeting 'meet the manager' where patients could attend and raise any issues / concerns. This was well publicised in the reception.
- There is also a Patient Advisor in reception who could help with complaints although we found that the new Tower Hamlet complaint advocacy service was not publicised.

We looked at five complaints received in the last 12 months. We found the complaints were handled and dealt with on the day they were made. Lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken to as a result to improve the quality of care. For example, the response to complaints about delays in waiting times for appointments, was to purchase a white board for the reception area to advise patients on any delays.

# Are services well-led?

Outstanding



(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 relocated to new, purpose built premises earlier in the year.
- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, child safeguarding, adult safeguarding, infection, prevention and control, lead GP for integrated care, significant event analysis, dementia care.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, completion of a range of risk assessments and monitoring action of issues identified. Open discussion and investigation of incidents and complaints, specific lead roles for the GP team.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### 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 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. From the sample of five documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice had developed a leadership programme in 2016 and commissioned a facilitator to work with the leadership and wider practice team.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every six months. Minutes were comprehensive and were available for practice staff to view.

# Are services well-led?

Outstanding



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

- 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.
- Three staff had also undertaken Mental Health First Aid training to enable them to support staff and patients.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and volunteer patient health champions 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, access to GPs which led to WebGP online consultations although this had not been fully evaluated.
- the NHS Friends and Family test, complaints and compliments received. Approximately 120 -160 feedback responses are received each month.
- NHS Choices feedback. The practice always responded whether a positive or negative comment was posted.
- In house surveys and feedback from workshops and events.
- staff through staff away days and generally through staff meetings, appraisals and discussion, told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, a request to have small sharps bins for home visits was proposed and agreed.
- Staff told us they felt involved and engaged to improve how the practice was run.

The practice produced information that provided details of changes - new clinics or services, updates about the practice and information on how patients could get involved. This included for example, booking flu vaccinations, the patient Health Champion work and groups / events they held to support patients.

Following feedback that telephone access for patients was difficult the practice introduced self-check in screens to relieve the pressure, a new telephone system with improved monitoring and call tracking, training for patient liaison staff and placed patient health champions in the waiting area to support patients' access services. The patient Health Champions supported patients to ensure that they were able to use the new technology. The practice were aiming for a new audit on telephone data and answering to be completed by November 2017 to demonstrate improvements.

The practice also demonstrated a proactive approach to engaging with other agencies, such as attending locality commissioning group and local hospital meetings, safeguarding meetings and working in partnership with local charities such as Depression Changes Minds.

## 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. For example, their own Patient Health Champion programme. The practice had trained 56 patient Health Champions, 27 of which had gained a level 2 qualification in Understanding Health Improvement.

Groups included: a weekly walking group, gardening group, peer support group for patients experiencing mental health issues, a DIY health course for minor ailments in children and a range of other work with families.

The practice was accredited for the 'YOU'RE WELCOME' pilot offering a confidential service to under 16 year olds.