

Bethnal Green Health 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bethnal Green Health Centre on 11 October, 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.
- 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. Patient satisfaction was consistently positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- Implement audit systems in relation to the monitoring of prescription pads in accordance with national NHS guidelines.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that the practice was an outlier in several areas. We spoke with GP partners on the day of inspection and found that the practice were able to demonstrate improvement. For example, data for 2014/15 showed that 39% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan documented in the record compared to the CCG average of 83% and the national average of 89%. The practice identified issues contributing to the low performance and made improvements, the current position was 64%, showing a 25% increase in performance. The latest figures were not yet published at the time of our inspection.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- We observed a strong patient-centred culture and staff were motivated and inspired to offer kind and compassionate care. For example, the practice kept a record of ways that staff had helped meet the emotional and social needs of patients and used this as a method for training staff.
- The practice had identified 3% of its patients as carers and provided a vast amount of information on support available to carers.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Patient satisfaction was consistently high.
- Information for patients about the services available was easy to understand and accessible. The practice provided patients with a large amount of information on social, emotional and healthcare issues.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



Are services well-led?

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

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

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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. For example, the practice is involved in a CCG pilot for building resilience within general practice.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- GPs at the practice regularly worked with relevant health and care professionals to deliver a multidisciplinary package of care for those patients with the most complex needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was in line with the CCG average and the national average. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 90% compared to the CCG average of 93% and the national average of 91%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- 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.
- The practice's uptake for the cervical screening programme was 80% which was comparable to the CCG average of 79% and the national average of 82%.
- 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. For example, the monthly antenatal meetings and monthly child safeguarding meeting.

Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- Performance for dementia related indicators was above the national average. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 86% compared to the CCG average of 87% and the national average of 84%.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above national averages. A total of 355 survey forms were distributed and 107 were returned. This represented 1.3% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% 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%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 84% 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 30 comment cards which were all positive about the standard of care received. A high proportion of comments cards referred to staff as caring and helpful.

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

Areas for improvement

Action the service **SHOULD** take to improve

- Implement audit systems in relation to the monitoring of prescription pads in accordance with national NHS guidelines.

Outstanding practice

The practice maintained a log of examples of staff meeting the emotional and social needs of patients using the service. The examples were shared with staff to promote this culture within the practice.

Bethnal Green Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Bethnal Green Health Centre

The Bethnal Green Health Centre is located in Tower Hamlets, East London within the NHS Tower Hamlets Clinical Commissioning Group. The practice holds a General Medical Services contract (an agreement between NHS England and general practices for delivering primary care services to local communities). The practice provides a full range of enhanced services including childhood immunisation and vaccination, dementia support, influenza and pneumococcal immunisations, rotavirus and shingles immunisation and unplanned admissions avoidance.

The practice is registered with the Care Quality Commission to carry on the regulated activities of family planning, maternity and midwifery services, treatment of disease, disorder or injury, diagnostic and screening procedures and surgical procedures.

The practice had a patient list size of 8,300 at the time of our inspection. The practice had a lower proportion of people with a long standing health conditions than average (40% compared to the CCG average of 45% and the national average of 54%). The practice serves a diverse community: 31% White British, 30% Asian, 27% African and 12% White other. At 75 years, male life expectancy is lower

than the CCG average of 77 years and the England average of 79 years. At 83 years, female life expectancy is in line with the CCG average of 82 years and the England average of 83 years.

The practice has fewer patients aged 60 years of age and older compared to an average GP practice in England. The percentage of patients under the age of 40 years of age is higher than the average GP practice in England. The surgery is based in an area with a deprivation score of two out of ten (one being the most deprived). Children and older people registered with the practice have a higher level of income deprivation compared to the local and national averages. Compared to the average GP practice in England, patients at this practice have a higher rate of unemployment.

The staff team at the practice included five female GP partners, two salaried female GPs, two female practice nurses, three psychologists (two male, one female), one female and one male healthcare assistant (both healthcare assistants have dual roles, one is also an interpreter and the other is also a phlebotomist). A phlebotomist is a health care professional that collects blood samples from patients. The practice had one practice manager and eight administrative staff. There were 42 GP sessions and eight nurse sessions available per week.

The practice is open between 8.30am and 6.30pm Monday to Friday, with the exception of Thursday when the practice is open between 8.30am and 1.00pm. GP appointments are available between 9.00am and 12.00pm and between 3.30pm and 6.00pm Monday to Friday (with the Exception of Thursday afternoon). Extended hours appointments are available every Friday between 7.00am and 8.00am. The surgery is closed on Saturdays, Sundays and bank holidays. Urgent appointments are available each day and GPs also provide telephone consultations for patients. An out of hours service is provided for patients when the practice is

Detailed findings

closed. Patients may also access one of two local walk-in centres and one hub location. Information about the out of hours service is provided to patients through posters in the waiting area, on the practice website and the practice leaflet. Patients are automatically transferred to the out of hours provider when they ring the surgery if it is closed.

Why we carried out this inspection

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

We last inspected this service in December 2013 under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. The service was assessed as part of the Care Quality Commission's pilot inspection methodology. The service was found to be meeting the regulations.

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 11 October 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, healthcare assistants, practice manager and reception) 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.

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 that the practice carried out regular audits of significant events to ensure each incident was investigated and learning and outcomes were clearly identified.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we reviewed an incident regarding violent behaviour. Although the incident was recorded and reported as per the practice policy, staff who dealt with the incident did not notify the police as per the practice's policy of zero tolerance for untoward or violent behaviour. We saw evidence that the incident was discussed with staff along with a clear definition of a violent or aggressive patient. Staff were reminded by the practice that all incidents of violence must be reported to the police, without exception, for the safety of patients and staff.

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:

- The practice maintained appropriate standards of cleanliness and hygiene. The practice maintained a

comprehensive cleaning schedule outlining the risk factor for each area of the practice along with the frequency and method of cleaning required. We observed the premises to be clean and tidy. The practice nurses shared the responsibility of infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored however there were no systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to 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 (PSDs) or direction from a prescriber (PSDs are written instructions signed by a doctor for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- 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. One of the GP partners was the lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice held a weekly meeting with

Are services safe?

health visitors to review child safeguarding; a school nurse attended on a quarterly basis. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3. Non-clinical staff were trained to child safeguarding level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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. The partners and the practice manager held a briefing meeting every Monday to review the clinical rota for the week and ensure appropriate cover.

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.

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. We saw evidence that NICE guidelines are stored on a shared drive and accessible to all staff at the practice; we also saw evidence that NICE guidelines were discussed at the monthly clinical meetings.
- 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 88% of the total number of points available with an overall exception reporting rate of 5%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The practice was an outlier for two national clinical targets. We spoke to the partners on the day of our inspection and the practice provided evidence that quality improvement work had begun to address these areas. For example:

- The practice was an outlier in the percentage of antibiotics items prescribed, specifically broad-spectrum antibiotics (the term broad-spectrum antibiotic refers to an antibiotic that acts against a wide range of disease-causing bacteria). In 2014/15 the practice prescribing rate of these antibiotics was 11% compared to the CCG average of 8% and the national average of 5%. The practice conducted an audit to identify the reason behind the high prescribing rate. The

first audit identified a total of 60 patients prescribed broad-spectrum antibiotics. The practice held a clinical meeting to review all 60 cases, the review identified that clinicians were prescribing broad-spectrum antibiotics where alternative narrow-spectrum antibiotics were available (narrow-spectrum antibiotic is a type of antibiotic that is only effective against specific families of bacteria). In most cases, the patients were unwell with co-morbidities or had already been prescribed narrow-spectrum antibiotics. A second audit was completed 12 months later and a 5% reduction in the prescribing of broad-spectrum antibiotics was identified, bringing the practice in line with local and national averages.

- The practice were an outlier in the ratio of reported versus expected prevalence for coronary heart disease at 0.49% compared to the CCG average of 0.54% and the national average of 0.71%. We were told this was due to the young patient population at the practice, for example the practice have nearly double the amount of patients aged between 25 and 34 years of age compared to the average GP practice in England.

- The practice was an outlier for several QOF clinical targets. We were provided with evidence that the practice monitored their performance and had made improvements where possible. For example: One of the GP partners was the lead for QOF; there was a strong focus around quality improvement within the practice. For example, the practice focused on the quality improvement programme every Thursday afternoon when the practice was closed. QOF was discussed at monthly clinical meetings and partners attended local network meetings focusing on QOF improvements, we saw evidence of both meetings. We found that improvements had been made, for example in 2014/15 the percentage of patient with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months was 39% (exception reporting rate 11%), significantly lower than the CCG average of 83% and the national average of 88%. As a result the practice reviewed coding for this patient cohort and the current position at the time of our inspection 64% with further improvement work underway (data validating

Are services effective?

(for example, treatment is effective)

this figure was not published at the time of our inspection). We reviewed samples of the exception reporting for this patient cohort and found that exceptions were clinically appropriate.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 67% compared to the CCG and national average of 90%. The practice showed improvement with the unpublished data at the time of our inspection at 73% an improvement of 6%.

Performance against other QOF indicators was in line with the local and national averages. For example:

- Performance for asthma related indicators was below the national average but comparable to other practices in the area. The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physicians questions was 65% (exception reporting rate 8%) compared to the CCG average of 76% and the national average of 75%.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators was similar to the national average. The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the medical research council dyspnoea scale in the preceding 12 months was 83% (exception reporting rate 3%) compared to the CCG average and national average of 90%.
- Performance for diabetes related indicators was similar to the national average. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 67% (exception reporting rate 3%) compared to the CCG average of 72% and the national average of 77%.
- Performance for hypertension related indicators was similar to the national average. The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 81% (exception reporting rate 5%) compared to the CCG average of 88% and the national average of 84%.
- Performance for dementia related indicators was above the national average. The percentage of patients diagnosed with dementia whose care has been

reviewed in a face-to-face review in the preceding 12 months was 87% (exception reporting rate 6%) compared to the CCG average of 87% and the national average of 84%.

As part of the quality improvement programme, the practice used the clinical meeting as a forum to review the management of long term conditions. In conjunction with the management of long term conditions the practice had placed focus on improving the uptake of health checks for eligible patients. This resulted in a 15% increase in health checks from 58% in 2015 to 73% in 2016.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and national benchmarking.
- Findings were used by the practice to improve services. We saw evidence that the practice proactively identified areas where performance needed to be improved; completed clinical audits based on national guidance and identified improvements in clinical care. For example, one of the completed audits we reviewed showed a 12% increase in the ordering of virology screening for patients who had abnormal liver function tests (LFTs). Virology screening is a term used to describe blood tests that detect and diagnose viral diseases. The practice identified in December 2015 that 53% of patients with abnormal LFTs were not sent for virology screening. The findings were discussed amongst clinicians at the practice and it was agreed that recent national guidance would be adopted to screen for viruses in patients that have abnormal LFTs results not connected to liver disease. The audit was conducted again in August 2016 and showed a 12% improvement in virology screening. Whilst the practice plan to continue the improvement, the audit results were shared with the local network of GP practices, as a result five other practices adopted the audit.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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. The practice maintained a comprehensive record and schedule of training for all staff. The record included mandatory training and role specific training. For example, sexual health training for the practice nurses and regular courses for all staff on the practice's electronic patient management system.
- 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, and 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. We reviewed minutes of meetings for patients with complex needs that involved community nurses, physiotherapists, social workers and GPs. The meetings reviewed patients on an individual basis to ensure continuity in care. For example, a solution to improve communication between health care professionals was identified around an additional function that could be used in the electronic patient management system.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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 and smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice provided information to patients about community services and well-being information available for all population groups. For example:
 - Fitness information including swimming club, Thai boxing club, over 50s fitness club, pilates classes for mental health service users, walking club and a service of qualified professionals that support people who want to adopt a healthier lifestyle.

Are services effective?

(for example, treatment is effective)

- Information for vulnerable or disadvantaged members of the population including a group to overcome social isolation for the elderly, a service that promotes equal access to healthcare for disadvantaged women and their families, a service that provides support to pregnant women, a service that supports the elderly, terminally ill and their pets, diabetes support for the Bengali and Somali communities and educational support for people who want to learn how to use the internet.
- Social information for all ages including after school club, menopause peer support, English classes for people who do not speak English as a first language, tea club, cinema club, and a relax and colour club for adults.
- Additional educational information was available including guides for a good night sleep for both children and adults, information on influenza and how it affects people with asthma and people who are pregnant, how to order repeat prescriptions online, information about how to access e-consultations with GPs, information about how antibiotics work and information on how to decide which healthcare service to use and when.

The practice's uptake for the cervical screening programme was 80% which was comparable to 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 and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- There are private waiting areas outside of the main waiting area for the use of patients with autism or mental health issues. GPs were informed when these waiting areas were utilised so they could personally greet patients.

The partners at the practice encouraged staff to meet the emotional and social needs of patients using the service wherever possible. The practice kept a record of examples and shared them with staff to promote this culture within the practice. For example:

- Reception staff assisting a cancer patient to complete paperwork unrelated to the GP practice.
- Staff identifying an elderly patient with memory problems and alerting the relevant GP as well as providing a taxi to ensure the patient arrives home safely after their consultation.
- Reception staff assisting the needs of an agoraphobic patient (agoraphobia is an extreme fear of open or public places) in a way that enables the patient to attend the surgery.
- Staff joining a patient with anxiety during their consultation for emotional support.
- In-house psychologists that provide alcohol counselling.

All of the 30 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. Patients told us staff were friendly,

caring, helpful and kind. They told us they were treated with respect and staff went above and beyond for patients.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The practice regularly asked patients for feedback, there were three feedback boxes in reception. The feedback boxes were for general feedback, feedback from mental health patients and feedback from patients with diabetes. There was a patient survey available on the practice website for feedback on how the service could be improved.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the CCG average of 82% and the national average of 91%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 87% 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%.
- 96% 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

There is a strong person-centred culture at the practice. For example, the practice provided a personalised list system which provides every patient at the practice with a named and accountable GP. Each GP has a target list size of no

Are services caring?

more than 1,650 patients. Mothers and their children are always kept with the same GP. Patients we spoke to felt this provided continuity of care, this was also reflected in 23 of the 30 comment cards we received.

Feedback from people who use the service is continually positive about the way staff treat them. Patients feel that staff go the extra mile and the care they receive exceeds their expectations. We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were friendly, caring, respectful and professional. Patients shared their individual experiences with us which was consistently positive. Prior to the inspection, a patient had shared their experience with the Care Quality Commission informing us of what they felt was extraordinary care by their GP. The patient had complex needs and felt their GP was consistently supportive, caring, knowledgeable and sympathetic on a wide range of health issues over a 15 year period. This type of feedback was consistent with what patients told us on the day of inspection.

We saw that care plans were personalised. The practice had a comprehensive system for care planning and used three types of care plans to ensure continuity of care. For example, a template on the electronic patient management system, a personalised care plan which patients receive a copy of and a crisis care plan to be shared with relevant healthcare providers.

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:

- 90% 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%.
- 89% 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%.
- 85% 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 provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Three of GP partners were multi-lingual and could speak a total of six languages between them.
- One of the HCAs provided interpreting services for the practice.
- The practice manager was a certified British Sign Language interpreter.
- There were fact sheets on the practice website about healthcare in 21 different languages.

Patient and carer support to cope emotionally with care and treatment

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

- The practice's computer system alerted GPs if a patient was also a carer. The practice had proactively identified 237 patients as carers (3% of the practice list). The practice asked all new patients if they are carers and all existing patients had an alert on their record reminding staff to confirm whether they had caring responsibilities. The practice informed carers of the various avenues of support including a local support service for unpaid carers, a support service for carers of people with epilepsy (epilepsy is a neurological disorder marked by sudden recurrent episodes of sensory disturbance, loss of consciousness, or convulsions) and immunisation against the flu. There was a comprehensive list of information for carers on the practice website such as disabled facilities grant, tax credits, and the importance of respite for carers.
- The practice website also provided patients with information on 13 charities that offer a range of support including cancer support, support for visually impaired patients and counselling services.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on a Friday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, non-English speaking patients, patients with complex needs, elderly patients and patients who were pregnant.
- 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 as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice asked patients diagnosed with diabetes to complete a survey about their annual care plan review. Patients told the practice that the survey was difficult to complete. In response to patient feedback the practice simplified the language and length of the survey and made a Bengali version of the survey available. Survey results indicated that not all patients were able to reflect on their care plan for the previous year; the practice ensured patients had copies of their care plans from the previous year prior to their annual care review. As a result there was a 25% increase in the number of patients that were able to discuss their care from the previous year in their annual care review.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday, with the exception of Thursday when the practice was open between 8.30am and 1.00pm. Appointments were from 9.00am to 12.00pm every morning and 3.30pm to 6.00pm daily apart from Thursday when the practice was closed at 1.00pm. Extended hours

appointments were offered between 7.00am and 8.00am on Friday. 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 comparable to national averages.

- 91% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 87% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of posters in the waiting area, complaint leaflets in reception, information in the practice leaflet and on the practice website.

We looked at nine complaints received in the last 12 months and found that the practice handled complaints in line with practice policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, we reviewed a complaint

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

regarding a patient that felt unfairly treated by a member of staff. The practice held a meeting with all staff regarding the complaint, using it as a training opportunity, the practice asked the member of staff to give their version of the incident. Staff were given the patient's version of the incident, then all staff discussed how the situation could

have been handled to provide a better outcome for the patient. The practice apologised to the patient in writing and provided the patient with a copy of the minutes from the training meeting to provide the patient with assurance that their complaint was heard and used as a training tool for staff.

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 personalised high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The staff we spoke with were engaged, confident and aware of their responsibilities.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, completed health and safety inspection report and fire risk assessment for the premises. Risks to the service had been identified and actions had been completed.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment. This included support training for all staff on communicating with patients about notifiable safety incidents. The GP partners and the practice manager strongly encouraged a culture of openness and honesty. We saw there was an open culture within the practice in which all safety concerns raised by staff were valued as integral to learning and improvement. We saw that the leadership team used staff meetings to positively reinforce and praise staff who proactively reported and managed significant events.

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. For example:

- 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 twice a year.
- 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.
- Informal mentoring and advice sessions are held for staff Friday afternoon during lunchtime.

The practice have a comprehensive schedule of meetings to continually review care of patients, performance, access to services, services offered and training and development needs of staff. All meetings are formally recorded. For example:

- A weekly briefing meeting for GP partners and the practice manager to review the clinical time for the week and the number of booked appointments.
- A weekly child safeguarding meeting with GPs, health visitors and intermittently school nurses.
- A weekly antenatal meeting with GPs, midwives and administration staff.

Are services well-led?

Good 

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

- A monthly whole primary care team meeting for palliative, complex and integrated care patients; community health teams and palliative care teams attend.
- A monthly psychology and psychiatry meeting with GPs, psychiatric care nurse and psychologists.
- A monthly staff meeting for all staff at the practice.
- A monthly clinical meeting for GPs, nurses and HCAs.
- A leadership meeting for all partners held twice a month.

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 proposed a creating a garden at the rear of the practice which is visible from the patient waiting area. The PPG has organised volunteers to begin the project in December 2016. Once completed the practice plans to invite patients, particularly those suffering from mental health issues, to join in maintaining and growing the garden.
- We saw evidence that the practice acted on general patient feedback. For example, the practice has a large amount of information for patients in the waiting and reception area, patients commented that it could be

difficult to find information relevant to them. As a result the PPG led in organising the information in a user friendly way. We saw on the day of inspection that information was clearly displayed according to the category such as mental ill health, fitness, and general healthcare information.

- The practice had gathered feedback from staff through formal staff meetings, team away days, informal Friday lunchtime sessions and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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, the practice were involved in a CCG pilot aimed at building resilience in general practice. The pilot involved all staff at the practice and had identified common issues that need addressing. For example, work load came up as a common theme amongst clinical and non-clinical staff. A data tracking exercise was performed and the practice was working with the CCG to address specific aims that were identified. The learning was ongoing and focused on improving areas across all aspects of the practice including growing the patient participation group, financial planning, utilisation of digital health to inform patients and maximizing administration skills to help direct patients to the most appropriate resources.