Care Quality Commission

All Saints Practice

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Inadequate
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

We carried out an announced comprehensive inspection at All Saints Practice on 28 November 2016. Overall the practice is rated as inadequate.

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

- Staff understood their responsibility to formally report incidents, near misses and concerns; however, the processes in place to report and record incidents were not always followed.
- The practice had a number of policies and procedures to govern activity, but these were not being used effectively for example cold chain policy.
- Risks to patients were not always assessed and well managed; the practice did not risk assess the absence of certain emergency medicines for e.g. GTN spray/ tablets.
- There was no system in place for highlighting, monitoring and cascading patient safety alerts.
- Patients informed us that they were treated with compassion, dignity and respect. However they stated that the poor continuity of care made it difficult to feel involved in decisions about their care and treatment, as well as finding it difficult to make appointments.
- Information about services and how to complain was available and easy to understand.
- The practice offered early morning and late evening appointment to meet the needs of the local population. Patients were also able to make appointments online.
- 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 areas where the provider must make improvement are:

- The provider must review the process to ensure appropriate receipt, action and monitoring of patient safety alerts.

Summary of findings

- Ensure arrangements in place to assure the safe management of medicines such as vaccines are followed in accordance with practice's cold chain policy.
- Ensure significant events are investigated thoroughly and recorded in accordance with the practice's significant event policy.

The areas where the provider should make improvement are:

- The business continuity plan should include emergency contact numbers for all staff as well as details of local practice with whom they had reciprocal arrangements.
- Ensure written information is available to direct carers to various avenues of support available to them.
- Staff should continue to ensure records in relation to carrying on the service are correct and up to date, for example the child protection register.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures. The service will be kept under review and if needed could be escalated to urgent enforcement action. Special measures will give people who use the service the reassurance that the care they get should improve.

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 inadequate for providing safe services.

Inadequate

- Staff understood their responsibility to formally report incidents, near misses and concerns, however the processes in place to report and record incidents were not always followed.
- Significant events were not recorded in a timely way nor discussed in detail; consequently lessons were not learned or shared consistently.
- The practice did not have all recommended emergency medicines and had not assessed the risks of this. Following the inspection the practice ordered the appropriate medicines.
- There was no formal system in place for managing patient safety alerts.
- Recruitment processes were carried out centrally by the human resources team and were thorough and in line with current legislation.
- The practice nurse had undertaken an infection control audit which identified areas of risk within the practice and reasonable steps were taken to prevent infection.

Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement

- Clinical staff told us they assessed needs and delivered care in line with relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The lead GP was not able to access or demonstrate that new guidelines such as NICE were monitored. Clinical meetings were held, but we did not see any evidence of updates or protocols being discussed.
- QOF Data showed that the practice had achieved 97% of the total number of points available in 2015/16
- Staff sought patients' consent to care and treatment in line with relevant legislation and guidance.
- The practice engaged with local multi-disciplinary teams (MDTs) in the community. This included planning support for palliative patients and those who had been recently diagnosed with dementia as well as patients receiving psychiatric care.
- There was some evidence of clinical audit and improvements to patient care as a result of a continuous audit cycle.

Summary of findings

Are services caring?

Inadequate 

The practice is rated as inadequate for providing caring services.

- Data showed that patients rated the practice below average for several aspects of care. For example; 66% said the last GP they saw or spoke to was good at treating them with care and concern in comparison to 80% Clinical Commissioning Group (CCG) and a national average of 85%.
- An advocate from the CCG who spoke Bengali attended the practice every Wednesday to assist patients during their appointments.
- Staff told us that interpretation services were available for patients who did not have English as a first language.
- There was a hearing loop available at reception.
- The practice had good facilities in place to accommodate patients with limited mobility and there was an elevator/lift that patients used to access treatment rooms located on the first floor.
- Patients who completed the comments cards and spoke to us on the day of the inspection told us staff were helpful before, during and after care. We also observed that staff treated patients with dignity and respect and reception staff tried their utmost best to maintain confidentiality.
- The practice had a bereavement policy, patients were visited by a GP, given a card and signposted to appropriate services within the CCG.

- The practice had a bereavement policy, patients were visited by a GP, given a card and signposted to appropriate services within the CCG.

Are services responsive to people's needs?

Requires improvement 

The practice is rated as good for providing responsive services.

- The practice offered early morning and late evening appointment to meet the needs of the local population. Patients were also able to make appointments online.
- Patients we spoke to on the day told us they were unable to make an appointment with a named GP and there was no continuity of care. The practice was actively trying to recruit permanent GPs
- Urgent appointments were available on the day following nurse's triage.
- The practice offered various clinics to meet the needs of their patients, for example a chronic disease clinic every Wednesday.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information on how to complain was available. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care across the Hurley Group practices.

Are services well-led?

Inadequate

The practice is rated as requires improvement for being well-led.

- Staff were clear about the vision and their responsibilities.
- The practice utilised the Red, Amber and Green (RAG) system. RAG is an internal tool used within the network of practices to improve the quality of care provided for patients.
- Practice specific policies were available to all staff, but were not always followed. For example, significant events were not handled in line with practice policy.
- The systems to ensure that records were accurate and up to date needed strengthening, for example, the child protection register.
- Regular staff meetings were held and minutes of these meetings were kept.
- Staff had regular days out and felt their culture was respected and taken into consideration by management for example, the practice observed and celebrated religious days such as Eid.

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

Inadequate 

The practice is rated as inadequate for safe, caring and well led and requires improvement for effective and responsive. The evidence which led to these ratings affected all patients including this population group.

- The practice offered home visits with the duty doctor.
- The practice took part in the complex care plan admissions avoidance, which is an incentive scheme to identify the top 5% of patients who are most at risk of avoidable unplanned admissions. These patients all had alerts on their medical records which highlighted their vulnerability to the reception staff.
- There were disabled facilities available and the practice had an elevator to access treatment rooms on first floor.
- Every patient over 75 had an allocated GP and extended appointments were allocated when required but patients told us that continuity of care could be better.

People with long term conditions

Inadequate 

The practice is rated as inadequate for safe, caring and well led and requires improvement for effective and responsive. The evidence which led to these ratings affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice nurse offered a chronic disease clinic every Wednesday.
- Nationally reported data showed that outcomes for patients with long term conditions were in line or above CCG and national averages. For example, the percentage of patients with diabetes who had a cholesterol test in the previous 12 months was 80% compared to the CCG of 85% and national average of 80%.This was achieved with an exception rate of 4%, compared to the CCG average of 6% and national average of 13%.
- Electronic care plans for patients were populated with a clinical oversight and MDT meetings arranged opportunistically.
- Longer appointments and home visits were available when patients needed them.
- The practice worked closely with the district nursing team who served as both a formal and informal early warning system.

Summary of findings

- 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. For example, we reviewed a record of a recently discharged patient who was discussed in the MDT meeting and a care package put in place.

Families, children and young people

Inadequate 

The practice is rated as inadequate for safe, caring and well led and requires improvement for effective and responsive. The evidence which led to these ratings affected all patients including this population group.

- The practice's child risk register contained details of adults who were not deemed vulnerable. Following the inspection the provider provided evidence that the child risk register had been cleansed and updated.
- Immunisation rates for the standard childhood immunisations were in line with local CCG and national averages. For example, childhood immunisations rates for under two year olds ranged from 82% to 92% and five year olds from 85% to 91% for the practice. This was in line with the CCG averages of 88% to 91% and national averages of 88% to 94%.
- Appointments were available outside of school hours and any child under five presenting as an urgent patient would be seen on the same day.
- There was a baby changing area as well as a room available if a mother wanted to breastfeed in private.

Working age people (including those recently retired and students)

Inadequate 

The practice is rated as inadequate for safe and well led and requires improvement for effective, responsive and caring. The evidence which led to these ratings affected all patients including this population group.

- The practice was open 6 days per week. Monday to Friday 8am to 8pm and Saturday 9am to 5pm.
- There was online access to book appointments, online consultations (eConsult) and patients could request repeat prescriptions through the practice website.
- The practice uptake for the cervical screening programme was 72%, in line with both the CCG and national averages of 78% and 81% respectively. However this was achieved with an exception rate of 15%, compared to the CCG average of 9% and national average of 7%.

Summary of findings

- The practice encouraged new patients to register which could be done online or visiting the practice in person.

People whose circumstances may make them vulnerable

Inadequate 

The practice is rated as inadequate for safe, caring and well led and requires improvement for effective and responsive. The evidence which led to these ratings affected all patients including this population group.

- The practice did not have a vulnerable adults register, although they told us they had patients on their list who they deemed to be vulnerable adults.
- The practice offered longer appointments for patients with a learning disability.
- Annual reviews were arranged and carried out centrally within the network of practices.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had 77 patients registered as carers, however there was no information available in the waiting area about services which could support carers.

People experiencing poor mental health (including people with dementia)

Inadequate 

The practice is rated as inadequate for safe, caring and well led and requires improvement for effective and responsive. The evidence which led to these ratings affected all patients including this population group.

- Data showed that 77% of patients diagnosed with dementia had been reviewed in a face-to-face setting in the preceding 12 months at the practice, which was below the CCG average of 91% and national average of 84%. This had been achieved with an exception rate of 21% which was higher than the local CCG and national averages of 7%.
- The percentage of patients with schizophrenia, bipolar and other psychosis who had a comprehensive, agreed care plan documented in their record for the preceding 12 months was 78%. This was below CCG and national averages of 89%. The practice exception rate was 4% compared to the CCG average of 7% and the national average of 13%.
- The practice regularly worked with multi-disciplinary teams in caring for people experiencing poor mental health, including those with dementia.

Summary of findings

- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Patient had access following referral to a dedicated psychologist based within the practice.
- 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.
- The lead GP at the practice undertook two clinical sessions per week at a local care home for patients with a diagnosis of dementia.

Summary of findings

What people who use the service say

We looked at the results of the national GP patient survey published in July 2016. The results showed the practice was performing below local and national averages for the majority of indicators. A total of 366 questionnaires were sent out to patients and 86 were returned; this was a response rate of 23%.

- 43% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and national average of 73%.
- 55% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and national average of 76%.
- 62% of patients described the overall experience of this GP practice as good compared to the CCG average of 77% and national average of 85%.
- 50% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and national average of 79%.

In response to the national GP patient survey, the practice undertook their own survey and the results mirrored that of the national GP patient survey. We looked at patient survey for months July, August and September 2016 and found:

- 59% of patients would recommend the practice to friends and families.
- 55% of patients can usually get an appointment easily.
- 49% of patients said they are usually seen after their appointed time.
- 55% of patients said they can usually see the GP or nurse of their choice.

The practice acknowledged the low scores and provided us with evidence which demonstrated there had been some improvements since the Hurley Group obtained the practice in 2013.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 completed comment cards which were all positive about the standard of care received. Patients highlighted that staff were friendly, professional, caring and helpful. A few of the comment cards remarked on the difficulty in getting appointments and having to wait a long time to be seen.

We spoke with ten patients during the inspection and the chair of the patient participation group (PPG). Most of the ten patients we spoke to told us that they were not able to get routine or emergency appointments. There was a general concern regarding not being able to see the same GP and lack of continuity of care. Half of the patients we spoke to on the day had waited between 20 minutes and one hour to be seen.

Care Quality Commission

All Saints Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a second CQC inspector, a GP specialist adviser and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The GP specialist adviser was granted the same authority to enter the practice as the CQC inspectors.

Background to All Saints Practice

All Saints Practice provides primary medical services to approximately 6500 patients through an alternative personal medical services contract (APMS). (APMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). All Saints practice operates regulated activities from one location and is registered with the Care Quality Commission to provide treatment of disease, disorder and injury, family planning, maternity and midwifery and diagnostic and screening procedures.

The Hurley Clinical Partnership known as the Hurley Group took over All Saints practice in April 2013 following procurement by Tower Hamlets PCT. The Hurley Group provides centralised clinical governance, managerial, finance and training across all sites including All Saints Practice. Services are provided to patients from a purpose built facility in Poplar, Tower Hamlets on a busy high road and is managed by NHS Property Services. The purpose built facility accommodates another GP practice and various other healthcare services operate from this site. The reception area is shared between the two practices. The practice is accessible via public transportation and parking facilities are available at the rear of the practice.

Based on data available from Public Health England (PHE), the practice is located in one of the most deprived areas. The level of deprivation within the practice population group is rated as one on a scale of one to 10. Level one represents the highest levels of deprivation. Compared to the national average the practice has a higher proportion of patients between 20 and 40 and lower proportions of patients over 40 years of age. Data obtained from the (2011) census showed that there is a high percentage of patients from Bangladeshi background and other minority groups living in Tower Hamlets.

The medical team is made up of a lead GP (male) working six clinical and two management sessions a week. The salaried GP (female) works two sessions a week and locum GPs from the Hurley Medical Bank cover the remaining 17 sessions working with a full-time nurse independent prescriber (female), full-time practice nurse (female) and a part time health care assistant (female). The clinical team are supported by a practice manager, receptionists and various administrative staff. The practice manager on the day of inspection is a permanent member of the Hurley Group service development team who had been interim since April 2016. A new practice manager was appointed in November 2016.

The practice is open Mondays to Saturdays; the phone lines are open from 8:00am to 6:30pm. Monday to Friday the practice is open between 8am and 8pm and on a Saturday 9am to 5pm. GP appointments are available from 8am to 8pm Monday to Friday and from 9am to 5pm on Saturdays. Same day appointments are triaged by the nurse practitioner, and an appointment is booked if deemed urgent. The out of hours service is provided by Tower

Detailed findings

Hamlets Out of Hours GP service and can be accessed by ringing the practice's telephone after 6:30pm where the call is then diverted or the patient can telephone directly using the local rate telephone number which is on the practice website and in the practice leaflet.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as part of our regulatory functions.

This inspection was planned to check whether the provider was 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.

All Saints Practice was not inspected under the previous inspection regime.

How we carried out this inspection

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

During our visit we:

- Spoke with a range of clinical and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 20 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)

Inadequate

Are services safe?

Our findings

Safe track record and learning

The systems to ensure patient safety were not effective and lacked consistency.

Staff we spoke to on the day understood their responsibility to raise concerns, report incidents and significant events. A formal template was available and was used to report some incidents, however not all incidents had been formally reported or recorded. For example, the practice manager told us about a patient who verbally abused and intimidated the GP, but we found no evidence of this incident recorded.

Significant events we saw on the day were not investigated or recorded in a timely manner, nor in line with the organisation's incident reporting and management policy. For example, we saw completed records to confirm that both fridges used for storing vaccines were checked and monitored consistently with a thermometer.However, the daily log showed the temperature had risen above the recommended 8 degrees Celsius on May 21, 2016 and again on May 23 and May 27. Staff took action to manage this by removing and storing vaccines in an alternative fridge over the next few days whilst they reset the thermometer. The fridge temperature was monitored over the next three days to check that it was working correctly, after which the vaccines were returned to the original fridge.

The practice discussed this incident during the staff meeting in June 2016, however it was recorded on podio (secure online recording system) as a significant event on 7 July 2016 (nearly two months after the incident). The incident was not investigated thoroughly nor was it recorded in accordance with the practice's own significant event policy and cold chain policy.

There were also inconsistencies in various staff members recollection of the management of the incident. For example, the practice manager and lead GP told us that a new fridge had been purchased, however the nurse prescriber informed us that they were still using the same fridge. No evidence was provided to demonstrate that the fridge had been serviced or recalibrated, or that the practice carried out risk assessments in line with policies to determine whether it was safe to use for the storage of vaccines. The lead GP and practice manager were not able to confirm that they had sought guidance from Public Health England or from the local CCG medicines management team in relation to this incident.

We did not see evidence that detailed analysis of significant events was undertaken. Significant events were discussed at clinical meetings, however the minutes were brief and did not demonstrate that the actions taken were reflective of their policy and/or improved patient safety. There was little evidence of learning from significant events being identified and shared in an organised or consistent manner. Following the inspection we were provided with a copy of the Hurley Group newsletter published in March 2017 and found significant events including cold chain management and other subjects were discussed and learning shared across the organisation.

The provider was unable to demonstrate or evidence that patient safety alerts were received and cascaded to staff. The practice manager told us there was a process to manage medicines and safety alerts and this was managed by the lead GP, however the GP was unable to provide examples of recent patient alerts and was unaware of any recent ones. The process for managing patient safety alerts was informal and we saw no evidence that these were discussed at clinical meetings. We were also told all relevant patient safety alerts were emailed to staff, but we we did not see evidence that alerts such as MHRA were received, discussed or cascaded.

Overview of safety systems and processes

The practice had systems and processes in place to safeguard children and vulnerable adults from abuse. However, these were not effectively implemented:

- Arrangements to ensure systems to safeguard vulnerable patients were not effective. Staff had access to safeguarding policies which were in line with relevant legislations and local requirements, however these were not always followed .The lead GP accessed the practice's child risk register which contained details of adults who should not be on the list of children at risk. Following the inspection the provider provided evidence that the child risk register had been cleansed and updated. The practice did not have a vulnerable adults register, although they told us they had patients on their list who they deemed to be vulnerable adults.

Inadequate

Are services safe?

- GPs were trained to child protection or child safeguarding level three. The nurses had been trained to level two and administration staff trained to level one. The lead GP was the lead for safeguarding, however we did not see evidence to confirm that he had completed training on safeguarding adults in the last three years. Following the inspection the practice provided us with appropriate evidence.
- 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 was located in a purpose built centre and NHS property services organised cleaning of the premises. We observed the premises to be clean and fit for purpose. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The latest infection control audit carried out by the practice nurse in November 2016 highlighted three areas of concern and we saw evidence that actions were taken to address those concerns.
- The practice had arrangements in place to manage medicines (including emergency medicines and vaccines); however three emergency medicines were unavailable and the risks of not having these had not been assessed.
- We saw that prescription pads were kept in a locked room within the practice and records were kept to monitor their use. The practice had systems in place for handling repeat prescriptions and monitoring prescriptions that had not been collected.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We sampled three PGDs and they were all in date, signed and dated appropriately. The healthcare assistant did not administer vaccines.
- Recruitment checks were done centrally by the Human Resources department. Personnel files received following the inspection, highlighted that of the five staff records sampled, four were TUPE'd (protect employees' rights when the organisation or service they work for transfers to a new employer) to the Hurley group in April 2013.Consequently some of the records were unavailable, such as, application form/cv, references and interview summaries. DBS checks had been carried out and new applications had been processed for three staff members whose DBS expired in November 2016. All other recruitment checks were in place for the five staff members files we sampled.

Monitoring risks to patients

- 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 had been Portable Appliance testing (PAT) tested and checked to ensure the equipment was safe to use and clinical equipment were calibrated on 15 June 2016 to ensure they were 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. We saw records to confirm that the water systems in relation to legionella were checked consistently by an external organisation. (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. We looked at the rota system in place for all the different staffing groups to ensure enough staff were on duty. Reception and admin staff used a phone messaging group to communicate amongst themselves and tended to cover each other especially during sickness and annual leave. The practice relied heavily on locum GPs provided through the Hurley Bank. Evidence showed the checks in place to recruit locum GPs were rigorous.

Inadequate

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- All staff had received basic life support training in November 2016.
- The practice had a defibrillator and oxygen was available with children's and adult masks.
- There was an instant messaging system as well as panic button on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff we spoke to knew of their location. All the medicines we checked were in date and stored securely. The practice had a system to ensure medicines nearing expiration dates were easily recognised by staff. However, important emergency medicines such as Benzylpenicillin (suspected bacterial meningitis), Diazepam (epileptic fit) and GTN spray/tablet which is crucial in managing chest pain of possible cardiac origin were not available. Consequently, the risks had not been identified and assessed and there were no action plans or risk assessments to mitigate risks. Following the inspection the practice provided us with evidence that the aforementioned emergency medicines had been added to their emergency medicines.
- A business continuity plan was in place for major incidents such as power failure or building damage. The plan had been updated in March 2016 and the practice manager told us that copies were stored electronically on the web-based Podio system so that they could be accessed from any location. The plan included emergency contact numbers for lead GP and practice manager, however it did not include emergency contact numbers for the rest of staff or details of local practice with whom they had reciprocal arrangements.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff told us they assessed needs and delivered care in line with relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. However, we did not see evidence of clearly defined systems in place to ensure all clinical staff kept up to date with latest guidance and best practice. Clinical staff were not able to access or demonstrate that new guidelines were monitored. Clinical meetings were held, however we did not see any indication where updates or changes or protocols were discussed.

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). Data showed that the practice had achieved 97% of the total number of points available in 2015/16, with 8% exception reporting which was comparable to the CCG average of 6% and national average of 10%. 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.

Data from QOF 2015/2016 showed:

- Performance for diabetes related indicators was 88% which was comparable to the local CCG average and the national average of 90%. (improvement from previous year average of 86%). Data showed that the percentage of patients with diabetes who had a cholesterol test in the previous 12 months was 80% compared to the CCG of 85% and national average of 80%.This was achieved with an exception rate of 4%, compared to the CCG average of 6% and national average of 13%.
- Data showed that 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 73%, which was similar to the CCG average of 73% and national average of 78%. This had been achieved with an exception rate of 8%, which was in line with the local CCG average of 7% and less than the national average of 13%.
- Performance for mental health related indicators was 94% which was similar to the local CCG and national averages both at 93%. Data showed that 77% of patients diagnosed with dementia had been reviewed in a face-to-face setting in the preceding 12 months at the practice, which was below the CCG average of 91% and national average of 84%. This had been achieved with an exception rate of 21% which was higher than the local CCG and national averages of 7%. The practice was responsible for a local dementia care home that had a high turnover of residents. The practice told us this was the reason for their high exception reporting.
- Asthma related indicators were 100%, in line with the local CCG average of 96% and national average of 97%. This had been achieved with an overall exception rate of 2% compared to the CCG average of 3% and national average of 7%.
- The practice had achieved 100% of the points available for Chronic Kidney disease, which was the same as the CCG and national averages. This had been achieved without excepting any patients.
- The percentage of patients with schizophrenia, bipolar disorder and other psychosis who had a comprehensive, agreed care plan documented in their record for the preceding 12 months was 78%. This was below CCG and national averages of 89%. The practice exception rate was 4% compared to the CCG average of 7% and the national average of 13%.

There was some evidence of quality improvement including clinical audit.

- There had been one full cycle clinical audit completed in the last two years. The provider provided us with a spreadsheet and told us the antibiotic prescribing audit indicated that they achieved 67% reduction in the amount of broad spectrum antibiotics they prescribed in 2015 and 64% reduction in 2016.

Effective staffing

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

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as infection prevention and control, fire safety and health and safety. Some training such as Information governance, Infection control, Mental Capacity Act were completed on or after the day of inspection. The absence of entries on the training matrix confirmed that these specific training arrangement were deficient and not ongoing.
- There were locum packs available for locum GPs and thorough recruitment checks were emailed to the practice from the Hurley Bank.
- 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 attending annual refresher courses. The practice nurse we spoke to last attended a course in March 2016.
- Staff files sampled showed that staff had received an appraisal within the last 12 months and the GPs had been revalidated.
- 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.However, the training matrix had not been updated to reflect the training which had been completed.

Coordinating patient care and information sharing

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to document, coordinate and manage patient's care. All staff we spoke to on the day were trained to use the system. Incoming and outgoing information such as hospital referrals could be uploaded or scanned and saved into patient's records. This meant that the information needed to plan and deliver care and treatment was available and accessible to relevant staff in a timely manner.

- This included care and risk assessments, care plans, medical records and investigation and test results. For example, one high risk patient integrated care crisis plan we looked at had been created by the practice who shared this data confidentially with the palliative care team.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We looked at the practice's process for handling two week wait referrals for patients with a suspected cancer diagnosis and sampled anonymised patient records. We found that the referrals were timely and contained adequate information in line with current guidelines.

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, and when they were referred, or after they were discharged from hospital. We saw evidence that multidisciplinary team meetings took place with other health care professionals regularly.For example, the practice engaged with the palliative care team and the mental health team where care plans were reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with relevant 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 some patients who may be in need of extra support. For example:

The GP delivered healthy lifestyle support through a referral system to health trainers. The health trainer programme

Requires improvement

Are services effective?

(for example, treatment is effective)

was a CCG initiative led by qualified health trainers aimed at improving local residents health and wellbeing. They offered advice and support to adult residents on weight loss, smoking cessation, healthy eating as well as health checks for those between 40years to 74years. The practice was one of the five constituents of Poplar and Limehouse health and wellbeing network where responsibilities were shared in developing quality services for local residents.

The practice uptake for the cervical screening programme was 72%, in line with both the CCG and national averages of 78% and 81% respectively. However this was achieved with an exception rate of 15%, compared to the CCG average of 9% and national average of 7%. The practice manager also told us that the last internal performance indicator framework (PIF) indicated that the uptake for cervical smears was low and suggested that this could be because of cultural reasons.

The practice did not demonstrate how they encouraged uptake of the screening programme by reaching out to these cultural groups and using information in different languages. However they ensured a female sample taker was available at all times. The practice nurse told us they capitalised on opportunistic testing by showing the equipment and reassuring patients that they were single used items. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice followed up women who were recording abnormal results and carried out audits every three months in relation to inadequate smears.

The current UK immunisation programme offers all children routine immunisation against a group of infections, immunisation of selective cohorts at risk of certain conditions and some vaccinations for travel outside the UK. Immunisation rates for the standard childhood immunisations were in line with local CCG and national averages. For example, childhood immunisations rates for under two year olds ranged from 82% to 92% and five year olds from 85% to 91% for the practice. This was in line with the CCG averages of 88% to 91% and national averages of 88% to 94%.

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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Inadequate

Are services caring?

Our findings

Our findings

Kindness, dignity, respect and compassion

On the day of the inspection, we observed that reception staff were courteous, polite and did their best to maintain patient confidentiality.

- 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 that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room.

Patients who completed the comments cards and spoke to us on the day of the inspection told us staff were helpful before, during and after care. We also observed that staff treated patients with dignity and respect and confidentiality was maintained.

Data from the GP patient survey showed that patients rated the practice below average for several aspects of care. For example:

- 66% said the last GP they saw or spoke to was good at treating them with care and concern in comparison to the Clinical Commissioning Group (CCG) average of 80% and a national average of 85%.
- 78% of patients said the GP was good at listening to them compared to the CCG average of 84% and the national average of 89%.
- 67% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 88% 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%.
- 66% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 57% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 91%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

In response to the national GP patient survey, the provider undertook their own practice survey and the results mirrored that of the national GP patient survey. The survey result for months July, August and September were:

- 59% of patients would recommend the practice to friends and families.
- 55% of patients can usually get an appointment easily.
- 49% of patients said they are usually seen after their appointed time.
- 55% of patients said they can usually see the GP or nurse of their choice.

The practice acknowledged the low scores and provided us with evidence which demonstrated there had been some improvements since the Hurley Group obtained the practice in 2013.

Care planning and involvement in decisions about care and treatment

Nine out of the ten patients we spoke to during the inspection told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responses were below CCG and national average to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 69% 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%.
- 62% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 61% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 85%.

Inadequate

Are services caring?

The practice told us they provided facilities to help patients be involved in decisions about their care.

- An advocate from the CCG who spoke Bengali attended the practice every Wednesday to assist patients during their appointments.
- Staff told us that interpretation services were available for patients who did not have English as a first language. The practice did not have permission to display posters, however we saw notices in the practice leaflet as well as on their website informing patients interpreting service was available. Patients were also told about multi-lingual staff who might be able to support them.
- There was a hearing loop available at reception.
- The practice had good facilities in place to accommodate patients in a wheelchair and there was an elevator/lift that patients used to access treatment rooms located on the first floor.

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 and nurses if a patient was also a carer. The practice had identified 77 patients as carers (over 1% of the practice list). The practice told us that carers were directed to the Tower Hamlets carers association, however, there was no information available in the waiting area about services which could support carers.

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.

Requires improvement

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 early morning and late evening appointments from 8am to 8pm to meet the needs of the local population.

Patients we spoke to on the day told us they were unable to make appointment with a named GP and there was no continuity of care. Due to staff changes within the last year the practice was heavily reliant on locum GPs in order to meet patient demands as well as their needs. Patients we spoke to on the day of the inspection told us that there was a lack of continuity of care as they were not able to see the same GP. Since the start of 2016, 46 locum GPs covered 307 GP sessions. The practice was actively trying to recruit new GPs to ensure continuity of care for patients.

- Urgent appointments were available the same day following triage by the nurse prescriber.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients were able to receive some travel vaccinations available on the NHS or were referred to other clinics for vaccines available privately.
- The practice worked closely with a local dementia care home that had over 70 residents. Two clinical sessions were delivered weekly.
- The practice offered various clinics to meet the needs of their patients, for example chronic disease clinic every Wednesday. The practice worked closely with the district nurse service who alerted them in a timely manner to potential patient deterioration.
- The practice had signed up to the complex care plan, which is a network incentive scheme where the practice identified the top 5% of patients who were most likely to be admitted to hospital and to actively work on avoiding unnecessary admissions.
- Multi-disciplinary team meetings were carried out regularly to discuss complex patients for example people experiencing poor mental health. The practice worked closely with the community mental health team (CMHT) to manage the more stable patients under a service referred to as Step Down.
- There were disabled facilities, a hearing loop and translation/interpreting services available on request.

Access to the service

The practice was open Mondays to Saturdays. Monday to Friday the practice opened between 8am and 8pm and on a Saturday 9am to 5pm. GP appointments were available from 8am to 8pm Monday to Friday and from 9am to 5pm on Saturdays. Same day appointments were triaged by the nurse practitioner and an appointment was booked if deemed urgent. Patients could telephone the practice, walk in or book appointments online; 23% of patients who signed up for online booking had utilised this service.

Data from the national GP patient survey showed 79% of patients were fairly or very satisfied with their opening hours which was the same as the national average and slightly above the CCG average of 77%. 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 on the day following nurse's triage. Patients were able to view their medical records online as well as utilise the Hurley online consultation system (eConsult) to upload their symptoms onto a web template. This was sent to the practice where it was reviewed and actioned within 24 hours by a GP who offered advice or arranged a face to face appointment depending on the outcome.

People told us on the day of the inspection that they were not able to get appointments when they needed them. The practice informed us that upon patient feedback there were now more telephone lines which should improve patient's access. Data from the national GP patient survey highlighted that:

- 43% of patients said they could get through easily to the practice by phone which was below the CCG average of 67% and national average of 73%
- 25% usually get to see or speak to their preferred GP which was below the CCG average of 51% and national average of 59%

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 38% describe their experience of making an appointment as good which was below the CCG average of 65% and national average of 73%

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.

The reception team recorded the patient details specifically requesting the home visit and these were passed onto the duty doctor who carried out a telephone consultation and arranged a home visit if clinically necessary. All other urgent appointments were triaged by the nurse practitioner. 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, then alternative emergency care arrangements were made for example, telephoning an ambulance if life threatening.

Listening and learning from concerns and complaints

There had been five formal complaints recorded within the last 12 months which had been summarised. The practice worked in line with their complaints policy and in line with national regulations for handling complaints.

- Information about how to complain was available and easy to understand. The practice complaints policy and procedures
- The practice manager told us all complaints were discussed at the Annual Audit Event and collated by type across the Hurley Group. We received evidence following the inspection that complaints were featured in the quarterly Hurley Group newsletter. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care across the Hurley Group practices.
- There was a designated responsible person who handled all complaints in the practice, however we were told that if the complaints were clinical then the lead GP would investigate. We looked at a recent clinical complaint that the practice manager had passed on to the lead GP and a locum GP. Both GPs had replied to patient, however at the time of inspection the complaint was awaiting further investigation.
- Of the five complaints received by the practice in 2016, one had an email response and was awaiting further clinical investigation. The remaining verbal complaints received verbal responses.
- We saw that information was available to help patients understand the complaints system -for example, on their website, practice leaflet and a poster at reception.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

Staff told us the practice had a vision to deliver high quality care and promote good outcomes for patients but the governance and oversight did not always ensure that this was delivered in practice.

Governance arrangements

On the day of inspection, management could not adequately demonstrate that policies and procedures were always followed in relation to the management of significant events, medicines and safety alerts, cold chain and emergency medicines. There was an overarching governance framework but this needed significant strengthening to ensure effective oversight.

- Staff were clear about the vision and their responsibilities in relation to it for example, they utilised the Red, Amber and Green (RAG) system. RAG is an internal tool used within the network of practices to improve the quality of care provided for patients.
- Practice specific policies were implemented and were available to all staff, but were not followed at all times. For example, cold chain management and significant events were not handled in line with practice policy. Significant events were not recorded consistently nor timely. Consequently, opportunities to learn were not maximised.
- The provider was unable to demonstrate or evidence that patient safety alerts were received and cascaded to staff. The practice manager told us there was a process to manage medicines and safety alerts and this was managed by the lead GP. However, the GP was unable to provide examples of recent patient alerts and was unaware of any recent ones.
- 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. The absence of entries on the training matrix confirmed that these specific training arrangement were deficient and not ongoing.
- A comprehensive understanding of the performance of the practice was available, but was not used effectively to address the areas of lower performance and higher exception reporting. The practice manager told us on the day that their Performance Indicator Framework (PIF) highlighted the uptake for cervical smears were low, but they were unable to demonstrate any actions on how this could be improved.
- The systems to ensure that records were accurate and up to date needed to be better implemented, for example the child protection register. Following the inspection we were sent evidence to demonstrate this had been done.

Leadership and culture

Management told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and managers were approachable, friendly and always took the time to listen to all members of staff. GPs told us that they would like more permanent GPs as this would mean continuity of care for patients.

- There was a leadership structure in place and staff felt supported and valued.
- 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.
- Regular staff meetings were held and minutes of these meetings were kept.
- Staff had regular days out and staff felt their culture was respected and taken into consideration by management. Staff told us the practice observed and celebrated religious days such as Eid.

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 proactively sought feedback from staff and patients. The patient participation group was active and contributed to changes in the practice, for example, they told us they suggested promotion of the other

Are services well-led?

Inadequate

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

healthcare services available to patients within the health centre and the practice created a newsletter which at the time of inspection was in the draft stage awaiting approval from various stakeholders.

- The chair of the PPG told us that the practice listened to the PPG views and acted on them; for example the appointment system including telephone lines had improved because of feedback from the PPG.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was proud of their involvement in community education and the unique Hurley developed triage system (eConsult). eConsult was developed by Hurley Group and was an online self-triage and patient information service that provided better access for patients at a time convenient to them. The practice acknowledged that improving the programme of audit would improve patient care and increase innovation.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment:** How the regulation was not being met: • The provider did not have a formal system to ensure appropriate receipt, action and monitoring of patient safety alerts. • Arrangements in place to assure the safe management of medicines such as vaccines were not always followed in accordance with practice's cold chain policy. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HSCA (RA) Regulations 2014 Good Governance:** How the regulation was not being met: • Management could not adequately demonstrate that policies and procedures were always followed in relation to the management of significant events, medicines and safety alerts, cold chain and emergency medicines. • Significant events were not investigated thoroughly nor were they recorded in accordance with the practice's significant event policy.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.