

Island Health

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?

Requires improvement 

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 Island health on 19 May 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.
- Safety systems and processes were embedded, with the exception of those relating to medicines storage and recruitment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

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

We saw one area of outstanding practice:

- The Extra Care project provided better support to patients that were high attenders at the practice and this had also resulted in a significant reduction in

Summary of findings

their appointment usage. The success of the approach used had been evaluated over a two year period. The practice had recently won an innovation grant to roll out the approach to other practices.

The areas where the provider must make improvement are:

- Ensure all medicines are accounted for and are stored securely at all times.
- Ensure systems are in place to assess the different responsibilities and activities of staff to determine if they are eligible for a Disclosure and Barring Service (DBS) check and to what level.

- Ensure systems are embedded so that all information required in respect of each person employed by the service is available and that adequate medical indemnity insurance arrangements are in place.

The areas where the provider should make improvement are:

Staff were working through a suite of e-learning modules that enabled them to complete training courses at their own pace. A system was not in place however so that the provider could readily track the progress staff were making towards completing all the required training in a timely way.

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 requires improvement for providing safe services, as there are areas where improvements should be made.

- Risks to patients who used service were assessed and most systems and processes to address these risks were implemented well. Improvements were required however around medicines storage and recruitment checks.
- 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.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- 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. For example the practice had won an innovation grant from commissioners to roll out to other practices its care planning approach to meeting the needs better of patients that were the highest attenders.
- Patients said they would like to be able to make an appointment with a named GP sooner, but that urgent appointments were always available the same day. The practice had introduced a buddy system so that patients were seen by one of a small group of two or three GPs to ensure continuity of care.
- 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.
- 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

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered double appointments, home visits and urgent appointments for those with enhanced needs.
- Each person aged over 75 years and each housebound person had a named GP to ensure continuity of care that care was coordinated.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. There were regular meetings with health and care professionals and specialists to ensure patients received care that was integrated and well coordinated.
- Outcomes for people with diabetes were similar to CCG and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good



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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's data showed the percentage of women attending cervical screening was 76% in 2014-15, which was similar to 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 health visitors, midwives and with a local secondary school on health promotion issues.
- The practice was 'You're Welcome' accredited which means it was meeting the Department of Health quality criteria for young people friendly health services.

Working age people (including those recently retired and students)

Good



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

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

People whose circumstances may make them vulnerable

Good



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

- Held a register of patients living in vulnerable circumstances including housebound people and those with a learning disability.
- Offered longer appointments for patients with a learning disability.
- Worked regularly with other health and care professionals and specialists in the case management of vulnerable patients.

Summary of findings

- Provided opioid substitution therapy, in conjunction with the specialist addiction unit and local community drug teams. The practice also worked with local community alcohol teams.
- 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.

People experiencing poor mental health (including people with dementia)

Good



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

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- Outcomes for people with schizophrenia, bipolar affective disorder and other psychoses were similar to other practices nationally. For example the percentage of patients who have a comprehensive agreed care plan documented in the record in the preceding 12 months was 83% (CCG 83%, England 88%), and whose alcohol consumption has been recorded in the preceding 12 month was 95% (CCG 89%, England 90%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients who experienced poor mental health. It took part in a local scheme to support people who no longer met the threshold for secondary care but who needed an enhanced level of support outside hospital to remain well.
- Patients with dementia were placed on the practice's integrated care list to ensure the practice worked with other services to meet these patients' needs.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and fifteen survey forms were distributed and 97 were returned. This represented a response rate of 23% and 0.8% of the practice's patient list.

- 53% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 68% 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%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 17 comment cards which were all very positive about the standard of care received. GPs were described as helpful, friendly, sympathetic and thorough. Reception and nursing staff were also highly praised. While patients could readily get emergency appointments, a few would have liked to have been able to see their own GP more quickly.

We spoke with 14 patients during the inspection. All but three said they very were satisfied with the care they received and would recommend the practice to family and friends. They said the reception staff were nice and that the clinical staff were fine. They were concerned however about the long wait of two to three weeks for a booked appointment with a preferred GP, and that appointments did not always run to time. They were however able to get same day appointments easily. A few patients told us that a buddy system had been put in place for them so that they could always see one of a small group of GPs, all of whom knew them well.

The practice's friends and families test score was 82% based on 111 responses.

Island Health

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser, and an Expert by Experience.

Background to Island Health

Island Health is located on the Isle of Dogs in east London. It is one of the 36 member GP practices in NHS Tower Hamlets CCG which are organised into eight commissioning networks. Island Health is one of four practices forming the Healthy Island Partnership commissioning network. The aim of the network is to work together with patients and other local colleagues, for example pharmacists, children's centres, voluntary sector organisations, schools and the local authority, to improve health and wellbeing.

Tower Hamlets is ethnically diverse with around half the population comprising of Black and Minority Ethnic groups. The largest of these is the Bangladeshi community (33%). The practice is located in the fifth most deprived decile of areas in England. At 79 years, male life expectancy is equal to the England average of 79 years. At 84 years, female life expectancy is greater than the England average of 83 years.

The practice has approximately 11,750 registered patients. It has fewer patients aged 45 years and above compared with the England average, and very many more in the 25 to 39 years age range than the England average. Services are provided by the Island Health partnership under a General Medical Services (GMS) contract with NHS England. The partnership is made up of seven GPs.

The practice is in purpose built health care premises owned by a local charitable trust. It is close to public transport and has a car park. All patient areas are accessible to wheelchair users and there is a disabled toilet. The practice has ten consulting rooms, four treatment rooms and a blood tests room. The practice shares the building with a dental surgery and with district nursing and health visiting services.

The seven partners together with two salaried GPs provide the equivalent of 6.25 whole time GPs. There are five female and four male GPs. There are three part time nurse practitioners (1.72 whole time equivalent or WTE), one full time practice nurse, one full time practice nurse-in-training, and a part time health care assistant (0.83 WTE). There is a team of reception, administrative, secretarial and book keeping staff led by a reception manager and practice manager. One of the receptionists is also a trained phlebotomist.

The practice is an accredited GP training and teaching practice and three of the GPs are approved trainers. There were three GP in training doctors attached to the practice at the time of our visit. Some of the GP partners had completed their GP training at the practice.

The practice is open 8.00am to 6.30pm, Monday to Friday. Outside these times patients are directed to an out of hours GP services.

In addition, the practice is open for booked appointments until 8.00pm on Monday and Wednesday, and from 7.00am on Thursday. Appointments are also available at another local practice between 8.00am and 8.00pm on Saturday and Sunday under GP hub arrangements in Tower Hamlets.

Island Health is registered with the Care Quality Commission to carry on the following regulated activities at

Detailed findings

145 East Ferry Road, Isle of Dogs, London E14 3BQ:
Diagnostic and screening procedures; Family planning,
Maternity and midwifery services, Surgical procedures and
Treatment of disease, disorder or injury.

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 had not inspected this practice before.

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 19 May 2016.

During our visit we:

- Spoke with a range of staff (GPs, nurse practitioner, practice manager, reception manager and receptionists) 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 reviewed safety records, incident reports, and patient safety alerts, and the minutes of meetings and journal clubs where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a significant event, the practice reviewed and improved the arrangements in place for treating seriously ill children to minimise any delay in treating them still further.

Overview of safety systems and processes

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

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

their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses were trained to level 2.

- A notice in the waiting area room and in the consulting and treatment rooms advised patients that chaperones were available if required. All staff who were acting 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).
- A recent infection control audit had identified a number of issues with standards of cleanliness and hygiene, and with the practice's infection control policies and protocols. There was an action plan in place to address these issues. The provider had met with the cleaning company and a system of spot checks had been introduced to maintain cleaning standards. Infection control policies had been reviewed and updated to provide consistent guidance to staff and the role of the infection control clinical lead had been made explicit in the post holder's job description. There was a programme of self directed infection control e-learning in place and staff had been given a deadline by which to complete this. Disposable curtains had been replaced and other improvements to the facilities, such as wall mounted soap dispensers, were in progress. Infection control had been added as a standing item to the agenda for the regular clinical meeting to ensure oversight was maintained of the progress made against the action plan.

Arrangements for managing medicines and for recruitment checks required improvement, however:

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and

Are services safe?

support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow other nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. However, stock taking records and checklists did not accurately reflect what was in stock. For example the emergency medicines checklist showed three ampoules of Chlorphenamine when there were five. Not all medicines were stored securely: medicines were kept in lockable cupboards and fridges, however the keys were left in the locks or were stored next to the cupboard / fridge. These shortfalls increased the risk of medicines being misappropriated.

- We reviewed five personnel files and found not all appropriate recruitment checks had been undertaken prior to employment for all staff and / or not all the files contained all the information required to be available in respect of each person employed by the service. For example:
 - The provider had not carried out an enhanced Disclosure and Barring Service (DBS) check for one employee and there was no risk assessment in place to support this decision.
 - One person's record did not contain a full employment history, together with a written explanation of any gaps in employment.
 - We also found one clinical member of staff who had been working without medical indemnity insurance. Action was taken to remedy this on the day of the inspection.
 - The provider amended their recruitment policy and written procedures shortly after the inspection to prevent such shortfalls in future.

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 health and safety, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff 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.
- The practice monitored that these guidelines were followed through audits, learning events and clinical meetings, and through network performance information systems.

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 97.5% of the total number of points available (CCG average 95%, national average 95%). Exception reporting was not significantly higher than the CCG or national averages for any clinical domain. (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 built on and extended this information collection as part of the operation of the Healthy Island Partnership network. The network supported the practices in it to deliver some 20 clinical services, or Network Improvement Services (NIS), setting targets and performance indicators that centred on meeting local people's needs and promoting effective chronic disease management. The network provided a monthly dashboard which showed the practice's performance against network targets, along with the performance of the other practices in the network, and of the network as a whole. Practices were incentivised to support one another in meeting the network targets. In this way, practices were able to deliver

good patient outcomes in areas of considerable challenge, and to make marked improvements where they had been not been able to prior to the introduction of the network arrangements.

This practice was not an outlier for any QOF clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was similar to national averages, for example the percentage of people with diabetes in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less was 87% (national average 78%), the percentage with a record of a foot examination and risk classification within the preceding 12 months was 90% (national average 88%), and the percentage who have had influenza immunisation in the preceding 1 August to 31 March was 96% (national average 94%).
- Performance for mental health related indicators was similar to the national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 87% (national average 88%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face meeting in the preceding 12 months was 79% (national average 84%).

There was evidence of quality improvement including clinical audit.

- There had been 17 clinical audits completed in the last year, seven of these were completed audits where the improvements made were implemented and monitored.
- One completed audit reviewed the percentage of antibiotic items prescribed that are Cephalosporins or Quinolones. The audit was undertaken in response to prescribing data that showed the practice was prescribing a higher percentage of these items data than recommended. The first cycle reviewed the prescriptions for these antibiotics in the three month period up to 02 December 2014. It reviewed that prescribing practice against national guidelines and made recommendations to colleagues via email and the practice's journal club meetings for better prescribing.

Are services effective?

(for example, treatment is effective)

The second cycle reviewed the prescriptions of these antibiotics in the two month period up to 31 December 2015. This showed a drop in the prescribing of Cephalosporins or Quinolones. A further action arising from the second cycle was to create a card for locum GPs about avoiding the used of cephalexin.

- A second completed audit assessed whether a care planning process lead to a reduction in GP attendances amongst the highest attenders at the practice. The practice found there was a 48% reduction in attendance amongst the 98 patients who had agreed to take part in its Extra Care Project and had attended a care planning appointment. The reduction was measured between December 2013 to May 2014 and again between December 2014 to May 2015. The findings were adjusted to take into account other factors, such as improved telephone access and online advice implemented at the practice over the same time period, and still showed the project had made a significant difference to appointment usage, sustained over a two year period.
- The practice participated in local audits and benchmarking, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included carrying out an audit and following up all female patients of reproductive age taking valproate (a medicine for epilepsy) to discuss with them the risks and benefits of taking this medicine following guidance released by the Medicines and Healthcare Products Regulatory Agency (MHRA).

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example for those reviewing patients with long-term conditions. The CCG had provided all practices in Tower Hamlets with a suite of e-learning courses and staff at the practice were working through those modules that

were relevant to their role. A system was not in place however so that the provider could readily track the progress staff were making towards completing all the required training in a timely way.

- 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 online resources and discussion protected learning time events organised by the network or CCG.
- The learning needs of staff were identified through a system of appraisals, meetings, observation and customer feedback. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system, and computer links with the local hospital trust for pathology results and access to patients' hospital records.

- 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, and to coordinate patients' care with them.

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

Are services effective?

(for example, treatment is effective)

referred to, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse worked with the patient's carer to make a decision about treatment in the patient's best interests.
- Written consent was taken for patients having joint injections.

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, those with complex care needs because they have two or more disorders or illnesses at the same time, and those at risk of developing a long-term condition. The practice took a multidisciplinary approach to patients with palliative

care and integrated care management needs, bringing health and care professionals and specialists together regularly to discuss these patients' needs and coordinate care.

- Those requiring advice on their diet, physical activity, and smoking and alcohol cessation were signposted to the relevant services.

The practice's data showed the percentage of women attending cervical screening was 76% in 2014-15, which was similar to the national average of 82%. The practice encouraged uptake by making more appointments available outside working hours and providing opportunistic screening. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, and the uptake for bowel cancer screening was high compared to the CCG average (practice 43%, CCG 36%). There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 61% to 95%, and from 56% to 94% for five year olds.

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.
- Paper patient records were stored in a secure area, however cleaning staff had access to this area. Staff told us cleaning staff would not be left unsupervised in this area. To provide additional assurance, the provider had arranged for the caretaker and cleaning staff to sign confidentiality agreements by the end of the inspection to formalise their obligations and to confirm they understood the practice's confidentiality guidelines.

All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. These patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Three of the 14 patients we spoke with however said the practice was not providing a good service or that they had not always been treated well.

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

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 89% of patients said the GP gave them enough time (CCG average of 80%, national average 87%).
- 95% of patients said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%).
- 92% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 78%, national average of 85%).
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 81%, national average of 91%).
- 88% of patients said they found the receptionists at the practice helpful (CCG average 84%, national average of 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 88% 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%.
- 86% of patients said the last GP they saw was good at involving them in decisions (CCG average 76%, national average of 82%).
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 76%, national average of 85%).

Are services caring?

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

- Translation services were available for patients who did not have English as a first language and staff were proactive in identifying patients who needed this support and offering it to them.
- A Bengali speaking advocate attended the practice on a weekly basis.
- We saw test results being presented to patients in a user-friendly format, for example as part of their annual diabetes review.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice was identifying carers in a number of ways including recording information about patients' carer responsibilities at their annual health check. The practice's monitoring data showed it had achieved this in 59% of annual health checks completed, exceeding the local network performance target of 50%. The practice had identified 262 patients as carers (two per cent of the practice list). The practice used the register to improve care for carers, for example to identify carers aged under 65 years for annual flu vaccination. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the patient's usual GP contacted the family and met with them if needed. The GP gave advice on how to find a support service when needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example its nurse practitioner was the clinical lead for the Healthy Island Partnership, one of the eight commissioning networks supporting GPs to work together and with partner organisations to improve services for patients.

- The practice offered booked appointments up to 8.00pm on Mondays and Wednesdays, and from 7.00am on Thursday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- 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.
- The premises were Disability Discrimination Act compliant and translation services available.
- There was a breast feeding room.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. In addition, it was open for booked appointments until 8.00pm on Monday and Wednesday, and from 7.00am on Thursday. Appointments were also available at another local practice between 8.00am and 8.00pm on Saturday and Sunday under GP hub arrangements in Tower Hamlets.

Pre-bookable appointments that could be booked up to four weeks in advance were available, as well as urgent appointments for people who needed them. Telephone and online consultations were also available. Patients were able to book appointments, order repeat prescriptions, update their details and view their summary medical record online.

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 53% of patients said they could get through easily to the practice by phone (CCG average 68%, national average of 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them, although a few said they would like to be able to see their preferred GP sooner. The practice had introduced a buddy system so that patients were seen by one of a small group of two of three GPs to ensure continuity of care.

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 on display in the waiting area, including information about the NHS complaints advocacy service.

We looked at three of the 21 complaints received in 2015-2016 and found they were satisfactorily handled and dealt with in a timely and open way. Lessons were learnt from individual concerns and complaints, for example there was additional training for reception staff to ensure patients are offered all the options for accessing the service after a patient complained that they had not been able to get an appointment when they wanted one. Complaints were also analysed for any trends that might indicate any further action to take to improve the quality of care.

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 provider had a clear vision to deliver high quality care, promote good outcomes for patients and improve the patient experience. It sought to increase capacity to meet the increasing demand on its services, both as a GP practice and as a member of the Tower Hamlets GP Care Group. One of the GP partners was a Board Director of the Care Group, which in 2015, together with other health and care partners, became the first multispecialty community provider (MCP) vanguard in London. The aim of the vanguard is to develop specialist care in the community setting outside of hospital.

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.
- Arrangements were in place for identifying, recording and managing risks. They were robust for the most part and the provider acted immediately to begin to remedy shortfalls identified during the inspection.

Leadership and culture

The partners in the practice played an active role in the wider health community to improve the quality of care and patients' access to services. Staff told us the partners were also 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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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

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 carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had highlighted difficulties with the old telephone system and in response to this the practice had worked closely with the group in choose and design the new telephone system. Also, a survey had identified that patients wanted more appointments before 8.00am, at lunchtime, and between 5.00pm and 6.00pm, and the practice had altered doctors' session

Are services well-led?

Good 

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

times to accommodate this. These changes however had had a knock on effect on patients' access to the GP of their choice, and the practice continued to work with the PPG to try to get the balance right.

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had successfully applied to the CCG quality in general practice innovation fund to roll out to other practices its approach to reducing GP attendances among the highest attenders using a care planning process. One of the nurse practitioners was the clinical lead for the Healthy Island Partnership network and two of the GPs had been past chairs of the Network.

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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person was not properly and safely managing medicines. Stock taking records and checklists did not accurately reflect what was in stock. For example the emergency medicines checklist showed three ampoules of chlorphenamine when there were five. Not all medicines were stored securely: medicines were stored in lockable cupboards and fridges, however the keys were left in the locks or were kept next to the cupboard / fridge. These shortfalls increased the risk of medicines being misappropriated.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were not operated effectively to ensure that persons employed are of good character, and information that must be available in relation to each person employed was not available. A disclosure and barring service (DBS) check had not been completed for one employee and there was no risk assessment in place to support this decision. One person's record did not contain a full employment history, together with a written explanation of any gaps in employment.</p> <p>This was in breach of regulation 19(1)(a)(2)(a)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>