

Care Quality Commission

Inspection Evidence Table

Harford Health Centre (1-585198451)

Inspection date: 02 November 2020

Date of data download: 01 October 2020

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

Safe

Rating: Requires improvement

At our previous inspection in February 2020 we rated the practice as **inadequate** for providing safe services because:

- There were some gaps in staff training and staff had not completed safeguarding training to the appropriate level for their role.
- There was no record of immunity status for staff members.
- The practice had a system in place to ensure that recruitment checks were carried out for new starters, however whilst the practice manager was on leave the practice had failed to carry out recruitment checks as required.
- The practice had not assessed the need for certain medicines to be kept for use in an emergency.
- Some clinicians had not reviewed test results in a timely manner.
- There was a lack of safety checks and procedures in place relating to the premises and limited oversight of checks and actions carried out by the building landlord.
- We found ineffective monitoring and unsafe prescribing of specific high-risk medicines.
- The system for receiving and acting upon safety alerts was not effective.

At this inspection we have rated the practice as **requires improvement** for providing safe services because:

- We identified some examples where GPs had prescribed two types of medicine without evidence of all of the required monitoring having been completed. We also identified limited evidence documented within consultation notes that GPs had discussed with patients the addictive potential of specific types of controlled drugs and the possibility of reducing the medicine. Immediately after our inspection, the practice took appropriate action to address these areas.
- Following our previous inspection the practice had put in place a new system to monitor safety alerts. However, we found evidence of prescribing contrary to some older safety alerts. Prior to our site visit, the practice had taken action to contact patients and amend prescriptions to ensure safety.
- Staff had completed adult and child safeguarding training to an appropriate level for their role.
- Recruitment checks were carried out in accordance with regulations.
- A record of staff vaccination was maintained.

- The practice held appropriate emergency medicines and there was evidence of regular checks of stock levels and expiry dates.
- Test results were reviewed in a timely manner.
- Appropriate safety checks and procedures had been put in place in relation to the premises.

Safety systems and processes

The practice had systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in February 2020 we found that, whilst staff were up to date with safeguarding training, not all staff had completed safeguarding training to the appropriate level for their role. At this inspection we found that staff had completed up to date adult and child safeguarding training to the appropriate level.</p> <p>At our previous inspection in February 2020 we found the practice had not undertaken Disclosure and Barring Service (DBS) checks for two new staff members. At this inspection we found appropriate DBS checks had been completed for current and new staff members.</p> <p>The adult and child safeguarding policies had been reviewed and updated since our last inspection to reflect the new practice safeguarding leads following changes to the practice's leadership team.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes

Explanation of any answers and additional evidence:

At our previous inspection in February 2020 we found that, whilst the practice manager was on an extended period of leave, the practice had failed to carry out recruitment checks as required by their own policies and procedures. At this inspection we found the practice had identified a new Human Resources lead for the practice who was to have oversight of recruitment checks and processes. Recruitment checks had been carried out for new staff members, although we saw that some of the professional registration and performers list checks were completed after the clinician had already started working.

At our previous inspection in February 2020 we found there was no record of immunity status for staff members, other than in relation to Hepatitis B. At this inspection we found the practice had created a spreadsheet to monitor staff vaccination as per guidance in the 'Green Book'.

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Yes 12/02/2020
There was a record of equipment calibration. Date of last calibration:	Yes 12/02/2020
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes 07/2020
There was a log of fire drills. Date of last drill:	Yes 14/10/2020
There was a record of fire alarm checks. Date of last check:	Yes 28/10/2020
There was a record of fire training for staff.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion:	Yes 23/10/2020
Actions from fire risk assessment were identified and completed.	Yes (in progress)
A health and safety risk assessment had been completed. Date of last assessment:	Yes 23/10/2020
Actions from health and safety risk assessment were identified and completed.	Yes (in progress)
A legionella risk assessment had been completed. Date of completion:	Yes 17/01/2019
Actions from legionella risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	
At our previous inspection we found the practice did not have a fire procedure. At this inspection we were provided with a copy of the fire procedure for the whole building (which was owned by NHS	

Property Services and shared with other organisations) and a document which set out the practice leads, which included the practice's fire marshals. Staff were aware of who the fire marshals were and what to do in the event of a fire.

Fire alarm tests were carried out by the building management company as the practice were not authorised to do this. We saw evidence that the practice had been seeking to obtain the records of the fire alarm checks from NHS Property Services to share with us. As the practice had not been able to obtain these records, despite escalating the matter through NHS Property Services, the practice had started to complete its own fire alarm test log; this recorded the date of the alarm sounding, whether the shutters closed at reception and whether the fire doors released.

The practice had completed a fire drill on 14 October 2020. The record of the drill identified the staff members who took part and how long the evacuation took. Two of the practice's fire marshals were absent that day, and therefore the practice had identified a need to train further staff members as fire marshals, to ensure adequate cover.

At our previous inspection we found there was limited evidence in relation to fire and health and safety risk assessments for the premises. Since our last inspection the practice had decided to pay for an external company to complete these, and a fire risk assessment, health and safety risk assessment, and COVID-19 risk assessment had been carried out on 23 October 2020. The formal reports from these assessments had not yet been shared with the practice (as well as the timeframes for completion of any actions), however we reviewed correspondence which demonstrated that the assessments had been completed. The practice manager had taken their own notes whilst the risk assessments were carried out and advised that resulting actions included: updating the health and safety policy, ensuring NHS Property Services book an engineer to service the alarm system, displaying signs encouraging people to avoid touching their eyes and face, and removing fire hazards from certain rooms. We saw evidence that the practice manager had already shared the actions to be completed with practice leadership and NHS Property Services and that some of these had been addressed.

Staff members were up to date with their fire safety training.

A legionella risk assessment had been completed and we saw a copy of the action plan by NHS Property Services, which they had shared with the practice, which set out how the identified actions from the risk assessment had been addressed.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection control policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Yes 01/2020
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: At our previous inspection in February 2020 there were some gaps in staff completing infection control training. At this inspection we found staff were up to date with their infection control training.	

The practice had taken steps to put in place systems to reduce risk relating to the COVID-19 pandemic, including implementing a one-way system, designating a 'red room' for patients with suspected COVID-19, displaying signs about symptoms and reminding patients not to touch their face and eyes, increased cleaning, and checking patients' temperature on arrival. The practice had a specific COVID-19 protocol in place for staff to refer to if needed.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in February 2020 there were some gaps in staff completing basic life support training. At this inspection we found staff were up to date with their basic life support training.</p> <p>Staff had completed sepsis awareness training and were aware of symptoms indicating sepsis or a deteriorating patient.</p>	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes

There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection we identified 91 test results dating back to 18 January 2020 which had not been viewed by a clinician as of the inspection date (20 February 2020). When we checked the test results inbox on the practice's clinical system at this inspection we found test results were being viewed and actioned. The practice had established a new system whereby every morning a specific staff member will check the global inbox and alert clinicians and their nominated buddy if they had test results which required checking.</p>	

Appropriate and safe use of medicines

The practice had systems in place for medicines management, however we identified some issues regarding prescribing and monitoring of certain medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2019 to 30/06/2020) (NHS Business Service Authority - NHSBSA)	0.73	0.64	0.85	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2019 to 30/06/2020) (NHSBSA)	10.4%	10.3%	8.6%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2020 to 30/06/2020) (NHSBSA)	5.14	5.38	5.35	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2020 to 30/06/2020) (NHSBSA)	2.00	1.16	1.92	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes

Medicines management	Y/N/Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in February 2020 we found ineffective monitoring and unsafe prescribing of some high-risk medicines. At this inspection, we checked a number of patient records for patients prescribed these specific medicines and found that all necessary monitoring had been carried out and documented. However, we also checked some other types of medicines which require regular monitoring, which we had not looked at during our previous inspection, and found that GPs had prescribed two types of medicine without evidence of all of the required monitoring having been completed. Immediately after the inspection, the practice contacted patients and arranged for appropriate tests or a review (depending on the patient's specific circumstances).</p> <p>We reviewed a sample of patient records for patients prescribed specific types of controlled drugs which are highly addictive. We found there was limited evidence documented within the consultation notes that GPs had discussed with patients the addictive potential and reducing the medicine with a view to stopping. Immediately after the inspection, the practice arranged for these patients to have an urgent review with the pharmacist to document a specific discussion around the addictive nature of the medicines.</p>	

Medicines management	Y/N/Partial
<p>The practice held appropriate emergency medicines and has documented risk assessments in place regarding not holding certain medicines. There was a system in place to monitor the stock and expiry dates of the emergency medicines on a regular basis, however this did not include equipment held with the medicines such as syringes, and we found a small number of syringes which had expired in September 2020; the syringes were removed immediately and the practice advised they would add syringes and any other equipment held with the emergency medicines to the log so that they could also be monitored.</p> <p>Vaccines were stored appropriately and we saw evidence of daily checks of the refrigerators' temperature.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong, although we saw evidence of some prescribing contrary to older safety alerts.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in 2020 so far:	24
Number of events that required action:	22

Examples of significant events recorded and actions by the practice:

Event	Specific action taken
Staff information and records not up to date	Staff information not kept up to date whilst practice manager was on leave. On realising this, practice manager has raised a significant event and ensured all documents were obtained and retained in staff file and all necessary recruitment checks were completed. One of the GPs was appointed as the new HR lead for the practice to maintain oversight of recruitment and staff processes.
Information request from solicitors not processed	Task missed and went unnoticed by practice until contacted some months later by solicitors. The member of staff who was responsible for this did not process the task and then went off work. The practice has trained two administrative members of staff to process these requests and ensure they are actioned.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Partial
Explanation of any answers and additional evidence:	

At our previous inspection in February 2020 we found the system receiving and acting upon safety alerts was not effective, as there was a lack of clarity around whose responsibility it was to complete the safety alerts spreadsheet. Following the inspection practice had created a safety alerts policy which detailed the system to monitor and act upon safety alerts, with one of the salaried GPs and pharmacist independent prescriber responsible for acting upon and sharing the alert. We saw the spreadsheet was being maintained and acted upon.

We carried out clinical searches remotely, prior to our inspection site visit, looking at older safety alerts (for example, alerts issued between four and ten years ago) and found the practice had prescribed medicines contrary to safety alerts warning of potential harm to patients. However, when we checked the records on the day of our inspection we found the practice had taken immediate action to contact patients and amend prescriptions to ensure safety, and was no longer prescribing contrary to the safety alerts.

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2019 to 30/06/2020) (NHSBSA)	0.33	0.34	0.70	Tending towards variation (positive)

Older people

Population group rating: Good

Findings
<p>Health checks, including frailty assessments, were offered to patients over 75 years of age.</p> <p>The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.</p> <p>Patients living with frailty were discussed in monthly multidisciplinary team meetings.</p> <p>The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.</p> <p>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</p>

People with long-term conditions

Population group rating: Good

Findings

Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

Staff who were responsible for reviews of patients with long-term conditions had received specific training.

The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.

The practice used 'Coordinate My Care' (CMC) care plans for patients with long-term conditions, which enabled information about patients' needs and care planning to be shared with a range of other health and social care professionals in the community.

The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

A diabetes specialist nurse attended the practice once per week to see diabetes patients. During the COVID-19 pandemic, patients could continue to see the diabetes specialist nurse by video or telephone call.

Adults with newly diagnosed cardio-vascular disease were offered statins.

Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) <small>(QOF)</small>	72.2%	68.2%	76.6%	No statistical variation
Exception rate (number of exceptions).	11.5% (43)	5.3%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	52.2%	74.2%	89.4%	Significant Variation (negative)
Exception rate (number of exceptions).	2.1% (2)	4.2%	12.7%	N/A

Indicator	Practice	CCG average	England average	England comparison
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In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) <small>(QoF)</small>	83.7%	91.6%	91.8%	No statistical variation
Exception rate (number of exceptions).	2.3% (1)	7.7%	4.9%	N/A

Any additional evidence or comments

The practice's performance on quality indicators from April 2018 to March 2019 for patients with long-term conditions was in line with national averages, except for one indicator for patients with COPD who had had a review and breathlessness assessment in the last 12 months. The lead GP told us there had been an issue regarding the template on their clinical system not registering patients' breathlessness score, which had been raised with the CCG. We saw the practice's current performance for this indicator was 72% as of 1 November 2020.

Families, children and young people

Population group rating: Good

Findings

The practice contacted the parents or guardians of children due to have childhood immunisations.

The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.

The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

Young people could access services for sexual health and contraception.

Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) <small>(NHS England)</small>	142	155	91.6%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) <small>(NHS England)</small>	143	162	88.3%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for	143	162	88.3%	Below 90% minimum

Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)				
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	143	162	88.3%	Below 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

The practice's childhood immunisation uptake rates for April 2018 to March 2019 were below the World Health Organisation (WHO) targets for children aged two. This was the same data which we reviewed and interrogated at our previous inspection of the practice in February 2020.

The practice had measures in place to try and increase uptake including the availability of literature in other languages, early and late appointment times during the week, and two dedicated baby clinics per week. We saw in patient records that the practice nurses contacted non-attenders by telephone, letter and text message and placed alerts on their records.

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

We rated this population group as requires improvement, as the practice's uptake for cervical screening was significantly below the Public Health England 80% coverage target for the national screening programme. This had been identified as an area for improvement at our previous inspection of the practice in February 2020.

Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

The practice's online access uptake rate was 38%.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 31/03/2020) (Public Health England)	56.7%	N/A	80% Target	Below 70% uptake

Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	36.3%	53.7%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	34.7%	41.9%	58.0%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (to) (PHE)		-		N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	57.1%	51.4%	53.8%	No statistical variation

Any additional evidence or comments

The practice's uptake for cervical screening as of March 2020 was 57%, which was below the Public Health England 80% coverage target for the national screening programme.

The practice was aware they struggled with cervical screening uptake and said this was because of cultural reasons within their patient demographic, in particular a high number of women who are not sexually active.

The practice nurses monitored the cervical screening results and was aware of the inadequate sample rate, which was very low. Any women who did not attend for screening had an alert placed on their record so that they this could be discussed opportunistically, and appointments were available throughout the week with female sample-takers, including Saturday nurse appointments.

The practice's network had won a bid for funding for a cancer screening pilot (prior to our previous inspection in February 2020), which the practice had hoped would assist in improving uptake for cervical screening.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.

Same day appointments and longer appointments were offered when required.

Patients with a learning disability were offered an annual health check. For patients aged between 14 and 17 years with a learning disability, the practice's performance (as of 1 October 2020) for health checks was 71%. For patients aged over 18 years with a learning disability, the practice's performance (as of 1 October 2020) for health checks was 66%.

We reviewed a sample of records for patients with a learning disability who had care plans in place, and found that the practice had completed care plan reviews, discussed the patients' current condition, considered the patients' wishes, and shared the care plan with other organisations where appropriate.

End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

The practice identified patients who misused substances.

Since our previous inspection in February 2020, practitioners from Reset (an integrated service providing drug and alcohol treatment to Tower Hamlets residents which is commissioned by the Council) have been attending the practice so that patients can see them on site.

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings

The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.

Same day and longer appointments were offered when required.

There was a system for following up patients who failed to attend for administration of long-term medication.

When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

We reviewed a sample of staff training records and found that staff had completed dementia awareness training.

Patients with poor mental health, including dementia, were referred to appropriate services.

We reviewed a sample of records for patients with a mental illness who had care plans in place, and found that the practice had completed care plan reviews, discussed the patients' current condition, considered the patients' wishes, and shared the care plan with other organisations where appropriate.

Mental Health Indicators	Practice	CCG average	England average	England comparison
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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	68.4%	75.0%	85.4%	No statistical variation
Exception rate (number of exceptions).	0.6% (1)	5.2%	16.6%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	85.7%	83.2%	81.4%	No statistical variation
Exception rate (number of exceptions).	4.5% (2)	5.0%	8.0%	N/A

Any additional evidence or comments

The practice's performance on quality indicators for mental health was in line with national averages.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	528.1	491.8	539.2
Overall QOF score (as a percentage of maximum)	94.5%	88.1%	96.7%
Overall QOF exception reporting (all domains)	3.5%	4.5%	5.9%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:

Broad-spectrum antibiotic audit	The practice reviewed its prescribing of broad-spectrum antibiotics to help sustain a reduction in inappropriate prescribing. The practice identified prescribing data for each relevant clinician and the results of the audit were discussed in a clinical meeting; staff were reminded of local prescribing guidelines, and the locum pack was updated with guidance and information about antibiotics and prescribing broad-spectrum antibiotics.
Opiates audit	The practice reviewed opiate prescribing to determine whether patients had a documented review in the last three months and whether continued need for the medicine was indicated. The practice contacted patients who required a review and determined that opiates were still required for the patients.
Wound care audit	Nursing staff had completed wound and swelling surveys to feedback to the Tower Hamlets wound care team.
Childhood asthma audit	The practice reviewed children identified and coded as having received asthma treatment to assess how many had had a review and were on the asthma register, in order to improve the consistency and quality of diagnosis, management and outcomes for children with asthma. Following results from the initial cycle, clinicians were advised to look at the criteria for diagnosing children with asthma and, if they fulfilled the criteria, then a face to face review should be organised to confirm

	diagnosis. By the second cycle review the practice had increased the number of children on the asthma register by 7%.
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Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the previous inspection in February 2020 we found that, whilst the practice manager was on leave, there were some gaps in appraisals being completed for staff. At this inspection we saw there was a document in place to monitor completion of appraisals for all staff. Some of the new leadership team were completing appraisal training, in order to effectively act as appraisers for other staff members. Although there were some gaps in appraisals being carried out due to staff absence and changes to the leadership team, the practice manager was aware of these and we saw that appraisals were scheduled to be completed for staff.</p> <p>The GP partners had oversight of the nurse practitioner and pharmacists' clinical work and the nurses mentored and had oversight of the healthcare assistants. Monitoring was carried out through informal checks, peer discussions, clinical meetings, completion of role-specific training courses and annual appraisals. The practice's new clinical lead, one of the partner GPs, had created a clinical oversight process for the partner GPs, which detailed the recruitment checks, induction process and information sharing to be completed with clinical staff. We were told that, once the new GP partners have completed appraisal training, they will be carrying out in-house appraisals for all GPs working at the practice (in addition to GPs' required appraisals with the General Medical Council).</p>	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence: The practice engaged in regular multidisciplinary case review meetings.	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence: The practice participated in social prescribing (social prescribing is a means of enabling GPs and other healthcare professionals to refer people to services in their community instead of offering only medicalised solutions). The practice had a dedicated social prescriber who runs clinics at the practice and staff could refer patients to the social prescriber directly, such as for support for housing issues and healthy lifestyle advice and weight management. The practice had made 223 social prescribing referrals since 1 April 2020.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension,	95.3%	92.8%	94.5%	No statistical variation

diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)				
Exception rate (number of exceptions).	0.5% (8)	0.9%	0.8%	N/A

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence: Staff had completed Mental Capacity Act training.	

Caring

Rating: Good

At our previous inspection in February 2020 we rated the practice as **requires improvement** for providing caring services because:

- The practice's national GP Patient Survey results for 2019 were below national averages for questions relating to how patients felt they were treated by clinicians and their overall experience of the practice. The provider was not aware of these results, they had not been discussed as a practice team, and there was no action plan in place to address these low results.

At this inspection we have rated the practice as **good** for providing caring services because:

- The practice had discussed the GP Patient Survey results for 2020 and had put in place a documented action plan to try and improve patients' experience.
- There had been an improvement in the GP Patient Survey results for 2020, as compared to 2019, for questions relating to healthcare professionals being good at listening to patients and patients having confidence and trust in the healthcare professionals they saw.
- The practice had carried out its own patient feedback exercise between April and September 2020, the results of which were positive.
- Feedback we received from members of the Patient Participation Group (PPG) advised that the practice meets the needs of and listens to its patients.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Patient survey results about the way staff treated people had improved since our previous inspection.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

Source	Feedback
NHS Choices website	Two comments were received in the last 12 months, one negative and one mixed. The patient feedback did not relate to staff attitude, but to access to appointments. One of the comments stated that when they do get an appointment the service is great.
Patient feedback	Patient feedback we received from members of the Patient Participation Group (PPG) was positive, stating that the practice meets the needs of its patients and listens to the PPG to improve the service.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the	76.9%	83.6%	88.5%	Tending towards variation (negative)

Indicator	Practice	CCG average	England average	England comparison
healthcare professional was good or very good at listening to them (01/01/2020 to 31/03/2020)				
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2020 to 31/03/2020)	74.3%	79.3%	87.0%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2020 to 31/03/2020)	93.3%	92.2%	95.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2020 to 31/03/2020)	58.0%	73.6%	81.8%	Variation (negative)

Any additional evidence or comments

At the previous inspection in February 2020 we found that the practice's GP patient survey results for 2019 were below local and national averages for questions relating to kindness, respect and compassion; the results had not been discussed as a practice team, and there was no action plan in place to address the low results. Following the inspection, the practice did discuss the patient survey results, however the discussion focused on issues around access for which they received the lowest results.

The practice's GP patient survey results for 2020, published in July 2020, remained below local and national averages for some of the questions relating to kindness, respect and compassion. However, there had been an improvement in terms of data comparison with the national average for the indicators relating to healthcare professionals being good at listening to patients and patients having confidence and trust in the healthcare professionals they saw. In relation to the 2020 results, we saw evidence that the practice had discussed the results and had put in place a documented action plan to try and improve patients' experience. In relation to patient feedback areas relating to kindness, respect and compassion, the practice has set up a GP and a clinical 'WhatsApp' group, as a means for clinicians to have immediate access to colleagues if they need support. Some of the new GP Partners were also scheduled to complete appraiser training; we were told this will allow them to carry out in-house appraisals with the clinical team and facilitate peer-to-peer reviews, to try and improve consultation approaches from clinicians.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes
The practice had carried out an exercise to obtain patient feedback about the service and we reviewed the results of this from April to September 2020. The patient feedback asked whether patients were satisfied in relation to: telephone answering; customer care; online services; same day (urgent) care; seeing their own GP; nursing services; waiting time for appointments; registration; and facilities. On	

average across the six month period, 76% of respondents were very or fairly satisfied with the practice overall, with 5% of respondents not satisfied or very unsatisfied.

The practice also collected and reviewed Friends and Family Test (FFT) results on a regular basis. We saw FFT results for April to September 2020, which had 44 responses on average per month; during this six month period 96% of respondents were extremely likely or likely to recommend the practice, with 2% of respondents being unlikely or extremely unlikely to recommend the practice.

Patient feedback was a standing agenda item for discussion in practice meetings.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2020 to 31/03/2020)	83.0%	88.4%	93.0%	Variation (negative)

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	No
<p>Explanation of any answers and additional evidence:</p> <p>Information about national or local support groups was not available on the practice website, other than the contact details for the London Independent Health Complaints Advocacy Service.</p> <p>The practice had updated its website to include information about the COVID-19 pandemic and how patients could continue to access services. The website stated that if patients were unable to contact the practice online or by telephone, they could still attend the practice by using the intercom buzzer to talk to staff.</p>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 406 carers (4.2% of the practice list).
How the practice supported carers (including young carers).	<p>The practice held a register of carers and all carers were offered the annual influenza vaccine.</p> <p>There was information displayed which advised carers of available information and support, and carers could be referred to the social prescriber for access to support groups and services.</p> <p>The practice's integrated care template on the clinical system included a prompt to identify carers, which assisted in capturing carers information opportunistically.</p>
How the practice supported recently bereaved patients.	<p>The practice sends a bereavement card which offers condolences and an appointment if they need one. Sometimes the GP will telephone the family if they knew them well.</p> <p>The practice also sends palliative care families a questionnaire to see if anything could have been improved.</p>

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes

Responsive

Rating: Good

At our previous inspection in February 2020 we rated the practice as **requires improvement** for providing responsive services because:

- The practice’s national GP Patient Survey results for 2019 were below national averages for questions relating to access. The provider was not aware of these specific results, they had not been discussed as a practice team, and there was no action plan in place to address these low results.

At this inspection we have rated the practice as **good** for providing responsive services because:

- The practice had discussed the GP Patient Survey results for 2020 and had put in place a documented action plan to try and improve patients’ experience.
- The practice had completed a quality improvement project to improve access, which included trialling a ‘total triage’ model for booking appointments.
- The practice had implemented the ‘total triage’ model from October 2020 and feedback we heard from staff and members of the Patient Participation Group (PPG) was very positive about this new system.
- Members of the PPG told us patients were able to easily access appointments.
- The practice had carried out its own patient feedback exercise between April and September 2020, which included specific questions around telephone access and appointments, the results of which were positive.
- Complaints were listened and responded to and used to improve the quality of care.

Responding to and meeting people’s needs

The practice organised and delivered services to meet patients’ needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	From 8am to 8pm
Tuesday	From 8am to 6.30pm
Wednesday	From 8am to 1pm and from 3pm to 8pm

Thursday	From 8am to 6.30pm
Friday	From 8am to 6.30pm
Saturday	From 9am to 1pm
Appointments available:	
Monday	From 9am to 12pm and from 3pm to 7.30pm
Tuesday	From 8am to 12pm and from 3pm to 5.50pm
Wednesday	From 9am to 12pm and from 3pm to 7.30pm
Thursday	From 9am to 12pm and from 3pm to 5.50pm
Friday	From 9am to 12pm and from 3pm to 5.50pm
Saturday	From 9am to 12pm
<i>Patients telephoning when the practice is closed are directed to the local out-of-hours service provider.</i>	

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2020 to 31/03/2020)	89.7%	91.2%	94.2%	No statistical variation

Any additional evidence or comments

The practice's GP patient survey results for 2020 were in line with local and national averages for the question relating to responding to patients' needs.

Older people

Population group rating: Good

Findings

The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

The practice offered a nurse and phlebotomy domiciliary service for housebound patients. A nurse and phlebotomist each carried out home visits once per week. This service continued during the COVID-19 pandemic for housebound patients.

The practice had a system to ensure same-day call backs and/or home visits for patients on the frailty register.

The practice provided effective care coordination to enable older patients to access appropriate services.

People with long-term conditions

Population group rating: Good

Findings

The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.

The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.

Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

A diabetes specialist nurse attended the practice once per week to see diabetes patients. During the COVID-19 pandemic, patients could continue to see the diabetes specialist nurse by video or telephone call.

Families, children and young people

Population group rating: Good

Findings

Additional nurse appointments were available in the evenings during the week and on Saturdays, so children did not need to miss school.

There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.

All parents or guardians calling with concerns about a child were prioritized and offered a same day appointment when necessary.

There were two baby clinics per week.

There were baby changing and breast-feeding facilities, and these were advertised in the waiting area.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Telephone and online consultations were available.

The practice offered appointments until 7.30pm on a Monday and Wednesday, as well as from 9am to 12pm on a Saturday.

Pre-bookable appointments were also available to all patients at additional locations within the area during weekday evenings and at weekends, as the practice was a member the Tower Hamlets GP Care Group which runs the extended hours and out of hours services.

Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

The practice's online access uptake was 38%.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

People in vulnerable circumstances were able to register with the practice, including those with no fixed abode such as homeless people.

The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.

The practice adjusted the delivery of its services to meet the needs of patients with a learning disability, for example by offering a double-appointment slot.

The practice had Bengali and Somali-speaking advocates who attended the practice two mornings per week to support and assist patients. Members of reception staff also spoke languages used by the local practice population. We saw evidence of advocates being used to assist patients in patient records.

Since our previous inspection in February 2020, practitioners from Reset (an integrated service providing drug and alcohol treatment to Tower Hamlets residents which is commissioned by the Council) have been attending the practice so that patients can see them on site.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

Priority appointments were allocated when necessary to those experiencing poor mental health.

Staff had a good understanding of how to support patients with mental health needs and those patients living with dementia.

The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

Patient feedback was mixed about access to care and treatment, although the practice had implemented changes to improve patients' experience of contacting the practice.

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2020 to 31/03/2020)	28.1%	N/A	65.2%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	34.5%	61.8%	65.5%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2020 to 31/03/2020)	43.0%	58.1%	63.0%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2020 to 31/03/2020)	52.9%	65.9%	72.7%	Tending towards variation (negative)

Any additional evidence or comments

At the previous inspection in February 2020 we found that the practice's GP patient survey results for 2019 were below local and national averages for questions relating to access to care and treatment; the results had not been discussed as a practice team, and there was no action plan in place to address the low results. Following the inspection, the practice discussed the 2019 results and put in place an action plan to improve this area. The action plan focused on: promoting the e-consult service (particularly for administrative queries), and contacting the EQUIP team (a quality improvement programme designed for general practice in Tower Hamlets) for assistance in trialling a new 'total triage' model for patients booking appointments.

The practice's GP patient survey results for 2020, published in July 2020, remained below local and national averages for some of the questions relating to access to care and treatment. Patients' access to care and treatment had been raised as an area for improvement at a previous CQC inspection in March 2016, however the GP patient survey results from 2019 and 2020 relating to access demonstrated that this was still an ongoing issue. In terms of telephone access in particular, only 28% of patient survey respondents in 2020 responded positively to how easy it was to get through to someone at the practice by telephone (compared to 34% of respondents in 2019).

In relation to the 2020 results, we saw evidence that the practice had discussed the results and had put in place a documented action plan to try and improve patients' experience. In relation to patient feedback areas relating to access, the practice had been working with EQUIP since August 2020 to trial a 'total triage' model for booking appointments; this system aims to reduce lengthy conversations on the phone by having the clinical team assess and determine the appropriate destination for patients who telephone the practice for an appointment. The practice had decided to implement the 'total triage' model from October 2020, after trialling it, and feedback we heard from staff and members of the Patient Participation Group (PPG) was very positive about this new system.

The practice also had plans in place to review and improve the website, to make the layout and content easier and more helpful for patients, although this has been delayed until the partnership changes are established. Staff told us they continue to promote online access to patients and we were told that, in September 2020, patients had used the e-consult service over 2000 times.

The practice had also carried out an exercise to obtain patient feedback about the service and we reviewed the results of this from April to September 2020. This exercise specifically asked whether patients were satisfied in relation to telephone answering and the results were generally positive:

- April 2020: 93% of 86 respondents were very or fairly satisfied, and 3% were not satisfied or were very unsatisfied;
- May 2020: 88% of 16 respondents were very or fairly satisfied, and 6% were not satisfied or were very unsatisfied;
- June 2020: 78% of 32 respondents were very or fairly satisfied, and 13% were not satisfied or were very unsatisfied;
- July 2020: 73% of 49 respondents were very or fairly satisfied, and 10% were not satisfied or were very unsatisfied;
- August 2020: 89% of 35 respondents were very or fairly satisfied, and 11% were not satisfied or were very unsatisfied;
- September 2020: 88% of 49 respondents were very or fairly satisfied, and 10% were not satisfied or were very unsatisfied.

Source	Feedback
NHS Choices website	Two comments were received in the last 12 months, one negative and one mixed, with both relating to access to appointments. Both patients commented that they had to wait a long time on the telephone to get through to the practice.
Staff feedback	Staff told us that with the increased use of telephone and online consultations during the COVID-19 pandemic, patients had fed back to them that it had become easier and quicker to speak with clinicians on the day, despite some patients indicating a preference to see clinicians face to face. We were told that some older patients had found the change to the appointments system difficult, but some had embraced online access.
Patient feedback	Patient feedback we received from members of the Patient Participation Group (PPG) was positive, stating that the practice meets the needs of its patients. Patients said the new triage system made communicating with clinicians quicker and easier. Patients also commented about the ease with which they could contact a clinician using the 'e-consult' online system, and said it was useful to having to wait until the practice was open to send a query or medical concern.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received since the last inspection in February 2020.	9
Number of complaints we examined.	4

Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Examples of learning from complaints:

Complaint	Specific action taken
Written patient complaint about not feeling listened to by reception staff member	Practice management listened to a recording of the telephone interaction with the relevant reception staff member who reflected on their handling of the call. This complaint was used for individual learning. Practice and reception staff member apologised to the patient and patient was signposted to the Parliamentary and Health Service Ombudsman (PHSO).
Written patient complaint about long waiting time in practice	Practice apologised to reception staff for the wait and explained this was due to a GP being late. The patient was signposted to the PHSO. The practice discussed the complaint in a full staff meeting and staff were reminded to thank patients when waiting and to provide an apology and full explanation when there are delays to appointments. The lone working policy was updated to reflect what procedures certain clinicians can and cannot carry out when a GP is not on site.

Well-led

Rating: Good

At our previous inspection in February 2020 we rated the practice as **inadequate** for providing well-led services because:

- Some leaders demonstrated a lack of awareness of and oversight of potential risks, as evidenced by policies and procedures not being maintained whilst the practice manager was on leave.
- We heard evidence that some of the partners needed more involvement in the overall running and governance of the practice and had not taken on responsibilities when the practice manager was off work, nor had they assured themselves that those staff members who were covering the practice manager were capable of doing so.
- The provider lacked oversight and knowledge of systems and procedures relating to the safety of the premises, in that they had not assured themselves that the premises were safe for their patients and staff by obtaining evidence of risk assessments completed and actions resolved.

At this inspection we have rated the practice as **good** for providing well-led services because:

- Following the last inspection there had been changes to the partnership at the practice, with the former lead GP retiring. The practice had engaged in sessions with an external consultancy company, to strengthen and develop the leadership team, and these sessions included incoming partners who had recently joined the practice.
- Following the previous inspection in February 2020, the practice had created a specific action plan which detailed the risks that had been identified; this plan was monitored and updated to ensure that risks were addressed and escalated where necessary.
- We saw that, following changes to the leadership team, partners' involvement and oversight had improved, including in relation to the safety of the premises.
- All of the specific concerns we identified at the previous inspection had been satisfactorily addressed at this inspection.
- Although we identified some issues regarding management of specific medicines, the practice took prompt action to resolve this.
- Staff told us they were able to raise concerns and that management and leaders were approachable.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: At our previous inspection in February 2020 we heard evidence that some of the partners needed more involvement in the overall running and governance of the practice, and had not taken on responsibilities when the practice manager was off work. Following the last inspection there had been changes to the partnership at the practice, with the former lead GP retiring. The practice had engaged in sessions with an external consultancy company, to strengthen and develop the leadership team, and these sessions	

included incoming partners. We were told the practice is working towards establishing a transparent and effective leadership identity, which is held to account by practice staff and patients. We saw new partners were involved in creating policies and processes, and monitoring systems at the practice.

The practice had a documented succession plan in place, which recorded the plans for the partnership. It outlined the addition of a new GP partner, followed by the practice manager joining as a partner, and two GP partners within the next few months following successful completion of their probation period as salaried GPs.

Management staff told us the leadership team had become more involved and worked more effectively to ensure the safe day-to-day running of the practice and maintained oversight of risks and performance.

Vision and strategy

The practice had a clear vision and strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice's mission statement: <i>"Effective patient centered care delivered with a compassionate, non-discriminatory, enabling and courteous approach."</i></p> <p>The practice's vision: <i>To continually adapt to the evolving pace of the NHS and patient need, seeking opportunities to improve in patient centered and integrated care, technology advances, complex care in the community and self-care and prevention."</i></p> <p>Staff were aware of the practice's vision and values.</p> <p>At our previous inspection in February 2020, practice leaders told us the strategy for the next few years was to become a training practice to train GPs as part of succession planning, as well as recruiting additional GPs (with the expectation that some will join the partnership) and nursing staff. Since the previous inspection the practice had taken on new salaried GPs who were soon to start the process of becoming partners, and had hired new clinical staff.</p>	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes

There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed complaints and significant events and saw evidence that the practice acted in accordance with the duty of candour.</p> <p>Staff told us they were able to raise concerns and that management and leaders were approachable. Staff said they were given protected time to complete training and supported to attend courses.</p> <p>At our previous inspection in February 2020 we found the practice's whistleblowing policy did not contain details of any other organisations or bodies staff could report whistleblowing concerns to (such as the CQC) and did not contain reference to staff having access to a Freedom to Speak Up Guardian. At this inspection the practice's whistleblowing policy had been updated to signpost staff to other organisations they could raise concerns with and the policy identified one of the GPs as the Freedom to Speak Up Guardian.</p> <p>Staff told us the practice had assessed their particular needs and requirements in relation to the COVID-19 pandemic.</p>	

Examples of feedback from staff or other evidence about working at the practice:

Source	Feedback
Staff feedback	Staff described the practice culture as friendly and open, and said that everyone works well as a team. Staff described relationships between staff and managers in positive terms and commented that they felt supported by managers. Staff also stated they were supported to pursue further qualifications and training and we were told of specific examples of this. We were told by staff they had had a discussion with practice management at the start of the COVID-19 pandemic to risk assess their particular characteristics and needs.
Meeting minutes	The practice held regular meetings including a full staff meeting every month, a clinical meeting every month, a reception and administrative staff meeting every two weeks, as well as informal reception team huddles. Meetings were minuted and the minutes were stored on the shared drive for staff to access. We reviewed meeting minutes and saw the practice discussed significant events, complaints and feedback, prescribing, safety alerts, specific clinical cases, safeguarding, and staff training. Minutes were detailed so that staff who were absent could review the minutes and understand what had been discussed.

Governance arrangements

The practice had clear roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: Staff were aware of their specific roles and responsibilities and the governance arrangements for the practice, including the practice leads for areas including safeguarding, infection control, complaints and significant events. There had been changes to the partnership at the practice since our last inspection, and a new clinical lead had been identified. The new clinical lead took on the role only shortly before our inspection, but had already started to review policies and procedures to ensure they were accurate and up to date. All of the practice's policies we looked at had been reviewed and were version-controlled.	

Managing risks, issues and performance

The practice had processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: Following the previous inspection in February 2020, the practice had created a specific action plan which detailed the risks that had been identified; this plan was monitored and updated to ensure that risks were addressed and escalated where necessary. At this inspection we found all of the concerns we identified at the previous inspection had been satisfactorily addressed.	

Appropriate and accurate information

The practice generally acted upon appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: The practice had access to the monitoring dashboard for the CCG which provided up to date information about the practice's performance against local targets and compared with other practices in Tower Hamlets. The practice had reviewed the GP patient survey results for 2020 and had carried out its own patient feedback exercises, and had put in place an action plan to improve patient experience and feedback. At this inspection we identified some issues regarding management of specific medicines, including GPs having prescribed without the required monitoring having taken place. However, the practice took prompt action to resolve this.	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Feedback from Patient Participation Group:

Feedback
Feedback we received from members of the Patient Participation Group (PPG) was positive, stating that the practice listens and responds to feedback from the PPG and values their input. PPG members

said that meetings are minuted and shared by the practice by email, and during our inspection we reviewed minutes from the PPG meeting in March 2020. There was an attempt to hold a virtual meeting during the COVID-19 pandemic, however this was not successful. The PPG stated the practice continued to communicate with PPG members during the COVID-19 pandemic by telephone and email. The PPG has worked with the practice to improve patients' access to appointments, and PPG members told us they think patients are able to access appointments easily and that access has improved. We heard that the new 'total triage' model is working well and allows patients to speak to a clinician the same day.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had systems to log significant events and complaints. We saw evidence that significant events and patient feedback was reviewed and discussed, and that learning was identified to make improvements.</p> <p>The practice engaged in quality improvement projects through EQUIP (a quality improvement programme designed for general practice in Tower Hamlets) and told us they were one of the first practices to sign up for this programme. The practice had previously completed a quality improvement project looking at their workflow system in the practice, the learning from which had been shared with other practices and the CEPN (Tower Hamlets local training hub for the health and social care workforce). The practice had more recently been working with the EQUIP team to trial a 'total triage' model to improve patients' access to the service, which was implemented in October 2020.</p> <p>Following issues identified at our previous inspection relating to leadership and oversight of risks, the practice had engaged in sessions with an external consultancy company, to strengthen and improve the leadership team.</p> <p>The practice told us they had used the findings from our previous inspection to improve the service, and we found that all of the concerns we identified at that inspection had been satisfactorily addressed.</p>	

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.