

# Victoria Medical Practice

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a previous announced comprehensive inspection of Victoria Medical Practice on 22 September 2015 when breaches of legal requirements were found. Overall we rated the practice as inadequate and the practice was placed into special measures. After the inspection, the practice wrote to us to say what action they intended to take to address the identified breaches of regulation.

We undertook this comprehensive inspection on 7 June 2016 to check that the practice had taken this action and to confirm that they now met legal requirements. You can read the

report from our last comprehensive inspection by selecting the 'all reports' link for Victoria Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Overall, the practice is now rated as good.

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

- The practice had enlisted support from NHS England and a practice manager from another practice to make

improvements following the previous inspection in September 2015. We found that the practice had made good progress and had either addressed or were in the process of addressing all of the issues previously identified. They had developed a clear vision, strategy and plan to deliver high quality care and promote good outcomes for patients.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- The practice carried out clinical audit activity and were able to demonstrate improvements to patient care as a result of this.
- Feedback from patients about their care was consistently positive. Patients reported that they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested. Pre-bookable appointments were available within acceptable timescales.
- The practice had a number of policies and procedures to govern activity, which were reviewed and updated regularly.

# Summary of findings

- The practice had proactively sought feedback from patients and had implemented a patient participation group. The practice implemented suggestions for improvement and made changes to the way they delivered services in response to feedback.
- The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved good results.
- Information about services and how to complain was available and easy to understand.
- The practice had a clear vision in which quality and safety was prioritised. The strategy to deliver this vision was regularly discussed and reviewed with staff and stakeholders.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

The practice had taken action to address the concerns raised during our previous inspection in September 2015 when they were rated as inadequate for this domain. They had implemented systems that would support them to demonstrate a safe track record. This included:

- Implementing a significant event policy and procedure in February 2016 and signing up to the local SIRMS (Safeguard Incident and Risk Management System) system to help identify and report recurrent trends and themes. Staff were aware of their roles and responsibilities in relation to this and there was evidence of significant events being discussed and reviewed regularly.
- Strengthening the arrangements to deal with patient safety alerts to ensure appropriate action was taken and logged
- Arranging for all staff to have either undertaken a Disclosure and Barring Service (DBS) check or have a risk assessment detailing why this was not felt to be necessary
- Reviewing and strengthening the arrangements to ensure the safe management of medicines.
- Developing a fully comprehensive infection control policy and procedure and carrying out infection control audits.

We also found that there were effective systems in place to monitor risks to patients and staff safety. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies. The practice was clean and hygienic. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training.

Good



### Are services effective?

The practice is rated as good for providing effective services.

The practice had taken action to address the concerns raised during our previous inspection in September 2015 when they were rated as requires improvement for this domain. This included:

- Implementing a programme of clinical audit activity which led to improvements to patient outcomes and improving the recording of such audits.
- Developing a system to identify and support high risk patients through effective care planning and monitoring

Good



# Summary of findings

- Ensuring staff had undertaken relevant training including information governance and health and safety training
- Implementing an effective staff appraisal system

We also found that systems were in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment and had received training appropriate to their roles.

Data from the Quality and Outcomes Framework showed patient outcomes were better than local clinical commissioning group (CCG) and national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved 98.9% of the point's available (local CCG average 95.7% and national average 94.7%) for the period 2014/15 (the most recently published data).

Achievement rates for cervical screening, flu vaccination and the majority of childhood vaccinations were above or comparable with local and national averages.

## Are services caring?

The practice is rated as good for providing caring services.

Although the practice was rated as good during our previous inspection we did feel that patient confidentiality could be compromised at the reception desk. The practice had since done all they possibly could given the space available to rectify this problem.

Patients we spoke with during the inspection and those that completed Care Quality Commission comments cards said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the National GP Patient Survey published in January 2016 (the latest results available at the time of our inspection) were better than local CCG and national averages in respect of providing caring services. For example, 92% of patients who responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG average 90% and national average 89%) and 99% said the last nurse they saw or spoke to was good at listening to them (CCG average 94% and national average was 91%).

Results also indicated that 89% of respondents felt the GP treated them with care and concern (CCG average 87% and national average of 85%). 99% of patients felt the nurse treated them with care and concern (CCG average 94% and national average 91%).

Good



# Summary of findings

The practice was proactive in the identification and support of carers and was involved in the local Clinical Commissioning Group carer's incentive scheme.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice had taken action to address the concerns raised during our previous inspection in September 2015 when they were rated as requires improvement for this domain. This included:

- Recruiting patient participation group members and implementing a suggestion box to aid the canvassing of patient feedback.
- Carrying out a patient survey which had resulted in practice GPs increasing the number of appointments available per session.
- Updating their complaints policy and leaflet to include rights of escalation and contact details. Complaints leaflets were readily available.

The practice had good facilities and was well equipped to treat patients and meet their needs.

The practice's scores in relation to access in the National GP Patient Survey (January 2016) were either higher than or comparable with local and national averages. Then results showed that 83% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%). 94% found it easy to get through to the surgery by phone (CCG average 78%, national average 73%). 69% said they usually waited 15 minutes or less after their appointment time (CCG average 71%, national average of 65%).

The practice was able to demonstrate that they monitored the needs of their patients and responded appropriately. For example:

- The practice offered comorbidity annual reviews for patients with more than one long term condition
- The practice was proactive in their identification and support of carers.
- They were part of a GP federation that had employed a care coordinator. The role of the care coordinator was to ensure that patients at high risk of admission to hospital received appropriate support services and advice to help them stay in their own homes.
- Patients with a learning disability were offered an annual flu vaccination and an hour long annual review which consisted of 30 minutes with the practice nurse and 30 minutes with a practice GP.

Good



# Summary of findings

## Are services well-led?

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

The practice had taken action to address the concerns raised during our previous inspection in September 2015 when they were rated as inadequate for this domain. This included:

- Implementing a fully comprehensive business continuity plan with contact details, details of reciprocal arrangements and what action to take in emergency situations
- Developing a recruitment policy and updating their locum induction pack
- Putting systems in place to canvas patient feedback
- Ensuring staff had access to appraisals and training
- Taking steps to ensure the safe management of medicines
- Ensuring CQC registration issues were resolved

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

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was above the local clinical commissioning group (CCG) average of 98.7% and the England average of 97.9%.

Patients aged over 75 had a named GP and were offered an annual health check and flu immunisations. This included home visits by the practice nurse for any housebound patients (the practice had carried out 73 of these checks in October 2015). The practice had a palliative care register and held regular multi-disciplinary meetings to discuss and plan end of life care. This involved the development of emergency health care plans in conjunction with patients and their families and carers.

Good



### People with long term conditions

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

Longer appointments and home visits were available when needed. The practice's computer system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively. Patients with multiple long term conditions were offered one joint annual review in their birthday month.

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved very good outcomes in relation to the conditions commonly associated with this population group. For example:

- The practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was 2.9% above the local CCG average and 2.6% above the national average. The practice clinical exception rate for this condition was 3.3% (CCG average 9.2% and national average 6.8%).

Good



# Summary of findings

- The practice had obtained 100% of the point available to them in respect of chronic obstructive pulmonary disease. This was 3.9% above the local CCG average and 4% above the national average. The clinical exception rate was 17.4% (CCG average 15.9% and national average 12.3%).
- The practice had obtained 100% of the points available to them in respect of hypertension (0.5% above the local CCG average and 2.2% above the national average). The clinical exception rate was 0.7% (CCG average 4.9% and national average 3.8%).
- The practice had obtained 99.9% of the points available to them in respect of diabetes (6.4% above the local CCG average and 10.7% above the national average). The clinical exception rate was 12.3% (CCG average 13.2% and national average 10.8%).

## Families, children and young people

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

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Vaccination rates for 12 month and 24 month old babies and five year old children were comparable with national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 96.3% to 100% (compared with the CCG range of 96.2% to 98.9%). For five year olds this was a consistent 100% (compared to CCG range of 31.6% to 98.9%).

At 81.3%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable with the CCG average of 81.7% and national average of 81.8%.

Good



## Working age people (including those recently retired and students)

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

Good



# Summary of findings

The needs of the working age population, those recently retired and students had been met. The surgery was open from 8.30am to 8pm on a Monday and 8.30am to 6pm on a Tuesday to Friday.

The practice offered smoking cessation advice, minor surgery, antenatal and postnatal care, travel health and vaccination clinics and NHS health checks (for patients aged 40-74).

Patients reaching the age of 65 who did not receive a long term condition review were sent a letter offering them a flu vaccination and pneumococcal injection.

The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group.

## **People whose circumstances may make them vulnerable**

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

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Longer appointments were available on request for patients with a learning disability, who were also offered an annual flu immunisation and an hour long health review.

The practice had established effective working relationships with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

The practice pro-actively identified carers and ensured they were offered flu vaccinations, health checks, appropriate advice and support. At the time of our inspection they had identified 47 of their patients as being a carer (approximately 1.5% of the practice patient population).

Good



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

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

Nationally reported QOF data for 2014/15 showed the practice had achieved the maximum points available to them (100%) for caring for patients with dementia (CCG average 95.5%, national average 94.5%) and depression (CCG average 95.7%, national average 92.3%). They had achieved 93.1% for patients with mental health conditions which was above the CCG average of 91.8% and national

Good



# Summary of findings

average of 92.8%. However, at 75% the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face meeting in the last 12 months was 5.7% below the local CCG and 9% below the national averages.

Patients on the practice mental health register were offered annual health and medication reviews. Patients experiencing poor mental health were sign posted to various support groups and third sector organisations, such as local wellbeing and psychological support services.

All practice staff had undertaken 'dementia friends' training and the practice had ensured that appropriate signage was in place. The practice nurse opportunistically screened all patients over the age of 60 for dementia when carrying out health checks and reviews.

# Summary of findings

## What people who use the service say

The results of the National GP Patient Survey published in January 2016 showed patient satisfaction was generally higher than average. 240 survey forms were distributed and 106 were returned, a response rate of 44%. This represented approximately 1.4% of the practice's patient list.

- 94% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 95% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 81% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, national average 78%).

- 92% said their GP was good at explaining tests and treatment (CCG average 88%, national average 86%)
- 99% said the nurse was good at treating them with care and concern (CCG average 94%, national average 91%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were very complimentary about the standard of care received. The respondents stated that they found the surgery clean and hygienic and that they were confident that they would receive good treatment. Words used to describe the practice and its staff included caring, friendly, supportive, excellent, professional and 1st class.

We spoke with three patients during the inspection that all said they were happy with the care they received and thought staff were approachable, committed and caring.

# Victoria Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector, a GP specialist advisor and a 2nd CQC inspector.

## Background to Victoria Medical Practice

Victoria Medical Practice provides care and treatment to approximately 3046 patients from the Washington area of Tyne and Wear. It is part of the NHS Sunderland Clinical Commissioning Group (CCG) and operates on a Personal Medical Services (PMS) contract.

The practice provides services from the following addresses, which we visited during this inspection:

Victoria Medical Practice

The Health Centre

Victoria Road

Washington, NE37 2PU

The surgery is located in a purpose built health centre which also accommodates four other GP practices as well as community chiropody, anti-coagulation and family planning clinics. All reception and consultation rooms are on the ground floor and fully accessible for patients with mobility issues. An on-site car park is available which includes dedicated disabled parking bays.

The surgery is open from 8.30am to 8pm on a Monday (appointments from 9am to 7.30pm) and 8.30am to 6pm on a Tuesday to Friday (appointments from 8.30am to 6pm).

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and Vocare, known locally as Northern Doctors Urgent Care Ltd.

Victoria Medical Practice offers a range of services and clinic appointments including those for smoking cessation, childhood immunisations, post-natal care, chronic obstructive pulmonary disease and co-morbidity long term condition reviews.

The practice consists of:

- Two GP partners (one male and one female)
- A practice nurse (female)
- Six non-clinical members of staff including a practice manager, medical secretary and medical receptionists

The area in which the practice is located is in the fourth (out of ten) most deprived decile. In general people living in more deprived areas tend to have greater need for health services.

The average life expectancy for the male practice population is 77 (CCG average 77 and national average 79) and for the female population 80 (CCG average 81 and national average 83).

54.4% of the practice population were reported as having a long standing health condition (CCG average 59.7% and national average 54%). Generally a higher percentage can lead to an increased demand for GP services. 58.7% of the practice population were recorded as being in paid work or full time education (CCG average 55.5% and national average 61.5%). Deprivation levels affecting children and older people were both lower than the local CCG averages but higher than national averages.

# Detailed findings

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous comprehensive inspection had taken place in September 2015 which resulted in the practice being rated as inadequate and placed into special measures. We rated the practice as inadequate for providing safe and well-led services, requiring improvement for providing effective and responsive services and good for providing caring services.

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

## How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice, asked other organisations to share what they knew and reviewed the action plan submitted by the practice in response to the findings of our previous inspection. We carried out an announced visit on 7 June 2016. During our visit we spoke with a mix of clinical and non-clinical staff including GPs, the practice nurse and the practice manager. We spoke with three patients and observed how staff communicated with patients who visited or telephoned the practice on the day of our inspection. We reviewed 35 Care Quality Commission (CQC) comment cards that had been completed by patients and looked at the records the practice maintained in relation to the provision of services.

# Are services safe?

## Our findings

### Safe track record and learning

When we inspected the practice in September 2015 we found that the practice was not able to demonstrate a safe track record over time or demonstrate that were responding to, and recording significant events appropriately. In addition there was no process in place to disseminate patient safety alerts and make sure these had been acted upon.

During the inspection in June 2016 we found that the practice had addressed these concerns:

- They had implemented a significant event policy and procedure in February 2016. All staff had been asked to read the policy and sign to say they understood their roles and responsibilities in relation to this. Staff we spoke to were aware of what they needed to do and what would constitute a significant event. Significant events forms were kept in reception and were also available electronically for staff to complete. The forms included a section detailing what action had been taken as a result of the event to aid learning. All significant events, together with outcomes and action taken were recorded on a significant event log which was discussed as a standing agenda item at minuted clinical meetings. The practice had also signed up to use the local clinical commissioning group's (CCG) Safeguard Incident and Risk Management System (SIRMS). The SIRMS system enables GP practices to flag up any issues via their surgery computer to a central monitoring system, so that the local CCG can identify any trends and areas for improvement. The practice had recorded ten significant events using SIRMS since January 2016. We saw evidence of these being discussed at practice meetings and of changes being implemented as a result of the event. For example, although not the fault of the practice a delay in a patient being given a hospital appointment led to the practice now advising patients to contact the surgery if they had not received notification from the hospital four weeks after being referred.
- The practice had strengthened their arrangements for dealing with patient safety alerts. These were now received via a generic email box which was monitored on a daily basis by either the practice manager or secretary in her absence. They were then forwarded to

clinicians for appropriate action. A copy of the alert was also printed and placed in a folder with an action slip that relevant staff had to sign to say they had read the alert and taken any action required. The practice manager checked the folder on a weekly basis to ensure this had been done. A pharmacist employed by the local CCG attended the practice to review all medicine related safety alerts.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology if appropriate and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

When we inspected the practice in September 2015 we identified concerns relating to safety systems and processes. Concerns included:

- Not all staff, including practice nurses and staff who acted as chaperones had undertaken a Disclosure and Barring Service (DBS) check.
- The practice did not have a comprehensive infection control policy and there was no evidence of infection control risk assessment or audit.
- Emergency medicines held on site were not stored appropriately to ensure easy access. Emergency equipment, such as dressings, needles, cannulas and syringes were not readily available.
- The practice did not have a system in place to monitor that medicines requiring refrigeration were stored within the permitted temperature range (between +2°Celsius and +8°Celsius). The vaccine refrigerator had an in-built thermometer which showed +6°Celsius and a further thermometer which showed +11.5°Celsius on the day of our inspection
- The practice business continuity plan was not comprehensive and did not contain information on what action staff should take in the event of an emergency or relevant contact details.

During the inspection in June 2016 we found that these issues had now been addressed:

- With the exception of one non-clinical member of staff all practice staff had undergone a DBS check. A risk assessment was in place for the one member of staff

## Are services safe?

who had not undergone a DBS check detailing why this was not felt to be necessary. This member of staff did not perform chaperone duties or have one-to-one contact with patients.

- The practice had developed a number of fully comprehensive infection control policies and procedures which were available to staff in both electronic and hard copy formats. We saw evidence of completed infection control audits and action taken as a result of these.
- Emergency medicines and equipment were kept in an easy to grab container and the cupboard in which the container was kept was appropriately labelled. Staff told us they were aware of where the emergency medicines were kept. The contents of the container were in line with relevant legislation and included appropriate medical equipment.
- The practice had developed a fully comprehensive business continuity plan which included details of reciprocal arrangements with another local practice, what to do in the event of an emergency situation, who to contact and relevant contact details. Staff were aware of the business continuity plan. The practice manager and GP partners kept a copy of the plan at their homes.

In addition, we found that the practice had systems, processes and practices in place which kept patients safe and safeguarded from abuse:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice held regular multi-disciplinary meetings to discuss vulnerable patients. Staff had all received safeguarding training relevant to their role. The GPs were trained to level three in children's safeguarding.
- An effective system was in place for the collection and disposal of clinical and other waste.
- Blank prescription pads were stored securely
- Patient group directions (PGDs) had been adopted by the practice to allow the practice nurse to administer

medicines in line with legislation. PGDs allow registered health care professionals, such as nurses, to supply and administer specified medicines, such as vaccines, without a patient having to see a doctor.

- The provider was aware of and complied with the requirements of the duty of candour. The GP partners and practice management staff encouraged a culture of openness and honesty.

### Monitoring risks to patients

Risks to patients were assessed and well managed:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff were aware of their roles and responsibilities in relation to this. Staff had received fire safety training. Fire evacuation drills were carried out by the building landlords on a twice yearly basis.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Systems were in place to ensure that there were enough staff on duty to meet patients' needs.
- The practice regularly used locum GPs. When this was necessary they ensured that relevant pre-employment checks were undertaken and a comprehensive locum policy and induction pack was in place. This had been reviewed and updated following our previous inspection.

### Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training. Emergency medicines were easily accessible to staff in a secure area of the surgery and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had access to the health centre defibrillator and oxygen.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

### Management, monitoring and improving outcomes for people

When we inspected the practice in September 2015 we were concerned that the practice could not demonstrate how they were managing, monitoring and improving outcomes for patients through the use of effective clinical audit. There was no programme or log of clinical audit activity and the audits we saw were not comprehensive.

During the inspection in June 2016 we found that these concerns had been addressed:

- Practice GPs told us that they had carried out several audits prior to the September 2015 inspection but accepted that these had not been logged or stored effectively which had made them difficult to locate prior to and during the inspection.
- The practice manager now held a central log and folder detailing all clinical audit activity.
- We saw evidence of six on-going audits and evidence that the topics for audit had been selected appropriately. For example, as the practice had a high percentage of patients with osteoporosis they had commenced an audit of calcium and vitamin D therapy.
- Although some of the audits we saw were not two cycle audits there was evidence of audit activity leading to improvements to patient outcomes. The audit of the use of calcium and vitamin D therapy, aimed at reducing osteoporotic fractures, was a two cycle audit and had led to 74 patients being reviewed to ensure they were receiving appropriate treatment and intervention.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most

recent published results for 2014/15 showed the practice had achieved 98.9% of the total number of points available to them compared with the clinical commissioning group of 95.7% and national average of 94.7%.

At 8.8% their clinical exception rate was lower than the local CCG average of 10.8% and national average of 9.2%. The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

- The practice had obtained the maximum points available to them for 15 out of the 19 QOF indicators, including hypertension, dementia and depression and for caring for patients who had a learning disability or required palliative care. For three of the other four indicators (diabetes, mental health conditions and coronary heart disease) the practice had still scored higher than local and national averages. They had scored below local and national averages for rheumatoid arthritis (90.3% compared to the CCG average of 97.7% and national average of 95.4%). However, the practice had not 'clinically exempted' any of their patients with this condition.

The practice had a palliative care register and held regular multi-disciplinary palliative care meetings to discuss the care and support needs of palliative care patients. Care plans which included decisions about end of life care were developed with the involvement of palliative care patients and their families/carers.

### Effective staffing

When we inspected the practice in September 2015 we found concerns in relation to effective staffing:

- The practice had not given all staff the opportunity of a regular appraisal
- Not all staff had undertaken information governance or health and safety training

When we inspected in June 2016 we found that:

- The practice had implemented an effective staff appraisal policy and all staff had been appraised since our previous inspection. A schedule was in place to carry out annual appraisals and more regular reviews if necessary. We looked at the appraisal records of five members of staff and saw that they had been given the

# Are services effective?

## (for example, treatment is effective)

opportunity to discuss training and personal development requirements. One member of staff was undertaking an NVQ2 in Business and Administration as a result of the appraisal process.

- The practice had also commissioned an e-learning suite to aid and monitor staff training. Staff were given protected time to undertake training. At the time of our inspection all practice staff had completed information governance and health and safety training.

We reviewed staff training records and found that staff had received a range of mandatory and additional training. As well as information governance and health and safety training this included basic life support, infection control, safeguarding and appropriate clinical based training for clinical staff.

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list). The practice nurse reported they were supported in seeking and attending continual professional development and training courses.

We looked at staff cover arrangements and identified that there were sufficient staff on duty when the practice was open. Holiday, study leave and sickness were covered in house whenever possible. The practice regularly used locum GPs but when this was necessary relevant pre-employment checks were undertaken and an effective locum induction pack was in place.

### Coordinating patient care and information sharing

When we inspected the practice in September 2015 we identified concerns in relation to coordinating patient care and information sharing. This was because there was no formal register of high risk patients or formal care plan documentation.

When we inspected in June 2016 we found that the practice now used a search facility on their computer system, clinician knowledge of patients and risk stratification tool to identify all high risk patients and had created a high risk register. We saw evidence to confirm that these patients were discussed at regular multi-disciplinary meetings and of comprehensive care plans being developed and recorded on the practice computer system. These meetings

involved the local care coordinator who had been employed by the local GP federation of which Victoria Medical Practice was a member and whose role was to ensure patients received coordinated care to help them avoid admission to hospital. High risk patients (and their families/carers when appropriate) were encouraged to be involved into developing their care plans and were given a paper copy to keep. Emergency Health Care Plan (EHCPs) were developed when appropriate. We viewed approximately 20 of these care plans and saw they were fully comprehensive and contained relevant information. An action and review log was in operation to ensure plans were regularly monitored and reviewed.

We also found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

### Consent to care and treatment

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

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

Patients were supported to express their views and were involved in making decisions about their care and treatment. Of the 106 patients who participated in the National GP Patient Survey published in January 2016, 84% reported the last GP they visited had been good at involving them in decisions about their care. This compared to a national average of 82% and local CCG average of 83%. The same survey revealed that 94% of patients felt the last nurse they had seen had been good at involving them in decision about their care compared with a national average of 85% and local CCG average of 89%.

### Supporting patients to live healthier lives

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

The practice identified patients who may be in need of extra support. These included patients requiring palliative care, carers, high risk patients and those with a long-term or mental health condition or learning disability.

Vaccination rates for 12 month and 24 month old babies and five year old children were comparable with national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 96.3% to 100% (compared with the CCG range of 96.2% to 98.9%). For five year olds this was a consistent 100% (compared to CCG range of 31.6% to 98.9%)

At 81.4%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable with the CCG average of 81.7% and national average of 81.8%.

Patients had access to appropriate health assessments and checks. These included health checks for patients aged between 40 and 74 and for over 75s. The practice had carried out appropriate follow-ups where abnormalities or risk factors were identified. Information such as NHS patient information leaflets was also available.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

Although rated as good for providing caring services during the inspection we carried out in September 2015 we did identify a concern over patient confidentiality at the reception desk. During the inspection we carried out in June 2016 we found that, as far as possible given the space available, the practice had taken steps to address this concern. They had:

- Moved the chairs in the waiting room away from the reception desk
- Installed a television screen displaying practice and other health care related information to focus patients attention away from the reception desk whilst waiting for their appointments
- Obtained a licence to play low-level music
- Displayed a notice advising patients that a room was available if they wished to have a private discussion with members of staff
- Moved one of the receptionists desk to the back of the office so that telephone calls could be made and taken away from the reception desk

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

We received 35 completed CQC comment card which were very complimentary about the practice. We also spoke with three patients during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey (published in January 2016) showed patient satisfaction was higher than local and national averages in respect of being treated with compassion, dignity and respect. For example:

- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 99% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 92% patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey (published in January 2016) showed patient satisfaction was higher than local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 95% said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.

## Are services caring?

- 99% said the last nurse they spoke to was good listening to them compared to the CCG average of 94% and the national average of 91%.
- 99% said the nurse gave them enough time compared to the CCG average of 95% and the national average of 92%.

The practice had access to a translation service for patients who did not have English as a first language.

Longer appointments were available on request for patients with a learning disability, who were also offered an annual flu immunisation and an hour long annual review. The annual review consisted of 30 minutes with the practice nurse followed by 30 minutes with a practice GP.

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations

The practice pro-actively identified carers and ensured they were offered an annual flu vaccination and health checks as well as signposting them to appropriate advice and support services. The practice was involved in the local clinical commissioning group's carer's incentive scheme. An age specific information leaflet was available for young carers in the practice waiting room. The practice computer system alerted clinicians if a patient was a carer. At the time of our inspection they had identified 47 of their patients as being a carer (approximately 1.5% of the practice patient population). Of these patients, 24 had received a flu vaccination and 25 had received a health check during 2015/16.

Patients experiencing bereavement were sent a condolence card.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

When we inspected the practice in September 2015 we were concerned that the practice could not give examples of where patients' views had brought about changes to services, the fact that they did not have a patient participation group, had not completed their own patient survey and did not have a patient suggestion box.

When we inspected in June 2016 we found that the practice had addressed these concerns:

- The practice had been successful in recruiting five patients to their patient participation group (PPG). The group were due to have their first meeting on 27 June 2016. The practice planned to task the PPG with carrying out future patient surveys.
- They had introduced a patient suggestion box which was clearly visible in the reception area. At the time of our inspection that had received one suggestion which had been given due consideration.
- They had carried out their own patient survey. This had resulted in one of the GPs increasing the number of appointments delivered per session.

We also found that the practice had reviewed the needs of its local population and planned services accordingly. Services took account the needs of different patient groups and helped to provide flexibility, choice and continuity of care. We found that:

- There were longer appointments available for anyone who needed them.
- Home visits were available for older patients, housebound patients and patients who would benefit from these.
- The practice offered comorbidity reviews for patients with more than one long term condition.
- The appointment system operated by the practice ensured that patients could generally get an urgent appointment or telephone consultation with a GP the same day.
- There were disabled facilities and translation services available.
- All patient facilities were easily accessible to patients with a mobility issue.
- The practice offered online services to book appointments and request repeat prescriptions.

- Patients with a learning disability were offered an hour long annual health reviews and flu immunisations.

### Access to the service

The surgery was open from 8.30am to 8pm on a Monday (appointments from 9am to 7.30pm) and 8.30am to 6pm on a Tuesday to Friday (appointments from 8.30am to 6pm). The appointment system offered by the practice enabled patients to request pre bookable appointments or access same day urgent appointments following a telephone triage with one of the practice GPs.

Results from the National GP Patient Survey (January 2016) showed that patients' satisfaction with how they could access care and treatment was higher than, or comparable with local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 75%.
- 94% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and the national average of 73%.
- 86% of patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.
- 69% of patients said they usually waited less than 15 minutes after their appointment time compared to the CCG average of 71% and the national average of 65%.
- 83% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.

Two of the three patients we spoke to on the day of the inspection and one of the 35 patients who completed CQC comment cards reported some concerns about being able to get an appointment within an acceptable timescale. We looked at appointment availability during our inspection and found that a routine GP appointment was available the following day. The next routine appointment with a nurse was available two days later.

### Listening and learning from concerns and complaints

When we inspected the practice in September 2015 we identified some concerns in relation to the way in which the practice dealt with complaints. They did not have a

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

complaints policy or complaints leaflet. Information about how to make a complaint in the practice patient information leaflet did not include rights of escalation or contact details.

During the inspection in June 2016 we found that the practice had addressed these concerns. They had updated

their complaints policy and developed a complaints leaflet, both of which gave details of rights of escalation and contact details. Complaints leaflets were readily available in the practice waiting room. The practice had not received any complaints since our last inspection.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice vision was to deliver high quality care and promote good outcomes for patients

The practice had developed a mission statement which was 'To deliver good quality, joined-up clinical care to patients with continuity, compassion and a small practice feel. To provide sustainable healthcare to a deprived population encouraging patient involvement and responsibility in their healthcare journey. Values include transparency and a culture of openness and accountability to staff and patients'.

### Governance arrangements

When we inspected the practice in September 2015 we identified a number of concerns in relation to governance arrangements. This included:

- Concerns in relation to the way in which significant events were handled
- The lack of an effective system to ensure patient safety alerts were disseminated and acted upon
- The lack of a comprehensive business continuity plan
- No systems were in place to canvas patient opinion or feedback
- There was no programme or log of clinical audit activity. Audits we saw were not comprehensive
- There was no register of, or care plans for high risk patients
- The practice did not have a complaints policy. Information for patients on how to make a complaint did not include rights of escalation or contact details
- Policies and procedures were not comprehensive, in particular the infection prevention and control policy which was only three short paragraphs in length
- Issues with the management of medicines, confidentiality and recruitment procedures.

During our inspection in June 2016 we found that these issues had been addressed and there had been an improvement in the governance arrangements for the practice.

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

- There was a clear staffing structure. Staff were aware of their own roles and responsibilities as well as the roles and responsibilities of others.
- Up to date practice specific policies were available for staff and were easily accessible
- Arrangements were in place to identify and manage risks and implement mitigating actions.
- The practice continually reviewed their performance in relation to, for example QOF, referral rates and prescribing

### Leadership and culture

The GPs had the experience, capacity and capability to run the practice and ensure high quality care. They were committed to providing safe, high quality and compassionate care. The GPs were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

- A variety of clinical and non-clinical staff meetings were held on a regular basis. This included bi-monthly multi-disciplinary team meetings to discuss palliative, high risk and vulnerable patients, monthly clinical meetings and quarterly whole practice meetings.
- The practice manager was able to give good examples of how the practice supported and ensured the well-being of their staff.

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

The practice had taken steps to encourage feedback from patients, the public and staff:

- They had recruited five patients to their patient participation group.
- They had implemented a patients suggestion box which was clearly visible in the waiting area
- They had carried out a patient survey which had resulted in one of the GPs increasing the number of appointments offered per session.

### Continuous improvement

During the inspection in June 2016 the practice were able to demonstrate that they were committed to continuous improvement. They had enlisted support from NHS England and a practice manager from another practice to

# Are services well-led?

Good 

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

make improvements following the previous inspection in September 2015. The practice had made good progress

and had either addressed or were in the process of addressing all of the issues previously identified. They had developed a clear vision, strategy and plan to deliver high quality care and promote good outcomes for patients.