

# Willington Medical Group

## Quality Report

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Date of inspection visit: 27 June 2016

Date of publication: 15/12/2016

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

We carried out an announced comprehensive inspection at Willington Medical Group on 27 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The practice proactively identified opportunities for learning in all interactions with patients and service providers.
- Risks to patients were assessed and well managed based on national best practice guidance.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- There was a consistent focus on continuity of care through named GPs for families and adherence to Royal College of General Practitioner guidance for older people. Urgent appointments were available the same day and patients whose condition meant they were unlikely to adhere to booked appointments were seen opportunistically.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This was achieved through a sustained focus on accessibility by a member of the patient participation group (PPG). The practice demonstrated clearly how it made substantive environmental changes to meet the changing needs of the local population.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw some areas of outstanding practice:

- To address the increasing rates of pre-diabetes in the local population as well as the risks of social

# Summary of findings

isolation, the practice worked with an innovative partnership of local community leisure centre to provide patients with exercise and fitness opportunities in a relaxed, social environment.

- The senior team had a demonstrable commitment to staff wellbeing and welfare and worked within the ethos that staff would give their best if they were healthy and had a good work-life balance. In recognition of these efforts, the practice achieved the Northeast Better Health at Work bronze award in 2012, silver award in 2013 and gold standard in 2014. The practice also achieved the continuing excellence award in 2015 and a small business award in 2013.
- The practice had achieved Young Carers Charter status for its work with young people who were carers for relatives. In addition, a 'carers prescription'

system was in place that enabled staff to refer patients or relatives to a carers association for further support, such as specialist advice or counselling.

- A member of the PPG carried out an accessibility audit to achieve 'Accessible for All' status. This audit led to an action plan to improve levels of access such as for wheelchairs or patients with a visual impairment. As a result rails and bright markings on accessible parking bays were implemented. The member of the PPG also supported the practice to implement the NHS England Accessible Information Standard.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events and a proactive approach to identifying opportunities for learning at all levels of the practice.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed and the practice proactively engaged with other agencies to conduct safely-related audits as a strategy to enhance safety.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated continual quality improvement and related development of staff skills and knowledge.
- Staff had the ability, competence and experience to deliver effective care and treatment and this was assessed on a regular basis. Staff proactively sought out opportunities for development and accreditation that would enhance patient outcomes.
- There was evidence of appraisals and personal development plans for all staff, which had clearly contributed to a broader range of services and clinics offered by staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. This included a multidisciplinary clinical environment with input and collaborative working with a range of specialties.

Good



# Summary of findings

- The practice worked within an innovative partnership of local organisations to facilitate patient access to leisure and exercise facilities. This formed part of a strategy to improve fitness, physical health and mental health outcomes and to reduce the risks associated with social isolation. Clinicians could refer patients to a fitness health trainer and patients were able to self-refer to this service.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than average for several aspects of care.
- Patients were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a comprehensive package of care for carers, including young carers, and utilised a full range of local support services to provide carers with emotional and practical support.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the clinical commissioning group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had responded to changes in the needs of the local population by modifying the practice environment significantly and providing a range of extra resources to support access, including portable hearing loop equipment. This formed part of a wider accessibility project led by a member of the patient participation group to benchmark the practice against NHS England best standards.
- The practice was one of eight NHS England Beacon Sites nationally for online patient access to make appointments, book routine blood tests view medication, request prescriptions and read their medical records.

Good



# Summary of findings

- A smoking cessation nurse, retinal screening nurse, midwives, physiotherapists and the Citizens Advice Bureau were available on-site on a weekly basis. A specialist diabetic nurse attended the practice fortnightly.
- There was comprehensive support for young people, including rapid referrals to a drug and alcohol liaison service and dedicated nurse-led sexual health services including screening for chlamydia and HIV.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff, stakeholders and patients. The practice proactively sought to learn from ad-hoc or non-formal comments from patients and their relatives and improvements in practice had been implemented as a result.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it and could demonstrate how they contributed to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice support worker team worked within an innovative 'no-hierarchy' structure, which had facilitated the development of a highly coherent, mutually supportive team of staff that was stable and productive.
- The practice had won three awards for business practices around its approach to staff wellbeing and welfare. This included a commitment to ensuring staff had a good work-life balance and had access to protected time for exercise and healthy activities.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was highly active and was developing the practice as a community hub in response to high levels of deprivation in the local area that had increased risks of diabetes and social isolation. A member of the PPG completed an audit to improve accessibility for patients with a visual impairment, learning disability or any other barrier to accessing printed information and ensure the practice achieved the NHS England Accessible Information Standard.
- There was a consistent focus on continuous learning and improvement at all levels, including engagement with innovative pilot schemes and research projects.

# 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 this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Clinical staff conducted proactive and opportunistic screening for dementia, bowel cancer and breast cancer and immunisations for pneumonia, shingles and flu. Patients over the age of 65 were offered screening for atrial fibrillation.
- A nurse practitioner was qualified to fit and change ring pessaries.
- The practice participated in the unplanned admissions enhanced service. This meant the most vulnerable 2% of patients were monitored to ensure care and treatment was delivered in a way that reduced the risk they would be admitted to hospital.
- GPs conducted twice yearly formal health reviews for older patients who lived in care homes.

Staff worked with multidisciplinary teams to ensure end of life care plans were appropriate and met the needs of each individual.

Good



### People with long term conditions

The practice is rated as good for this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients with chronic obstructive pulmonary disease, diabetes, asthma or heart failure had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Practice nurses visited patients who were at high risk of hospital admission at home to ensure their treatment was optimal.

Good





# Summary of findings

- The practice responded to an increase in lifestyle-related diabetes in the local population by increasing the number of appointments available with a nurse practitioner who managed oral medicines and insulin injections.

## Families, children and young people

The practice is rated as good for this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Family members were registered with the same GP. This enabled the practice to provide continuity of care and helped GPs to identify any safeguarding or child protection concerns.
- Appointments were available outside of school hours and the premises were suitable for children and babies, including a private breast-feeding room.
- The practice participated in the 'c-card' scheme, which enabled young people to access contraceptive advice, sexual health advice and chlamydia screening.
- We saw evidence of positive examples of joint working with community professionals such as midwives, health visitors and school nurses.
- Weekly clinical meetings included a standard recurring agenda item for staff to review safeguarding or domestic violence instances.
- The practice had achieved Young Carers Charter Status, which meant young people who acted as carers were offered structured support and access to appointments in the practice.

Good



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

The practice is rated as good for this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice registered students as temporary residents if needed and also offered meningitis B vaccination.
- The practice was proactive in offering online services as well as a full range of health

Good



# Summary of findings

promotion and screening that reflected the needs for this age group.

- During flu season the practice offered Saturday morning clinics and walk-in appointments.
- Health trainers, sexual health services, counselling, physiotherapy and drug and alcohol advice services were available on-site.
- Cervical screening was available Monday to Friday between 8am and 6pm, the flexibility of which had contributed to a high cytology rate. The practice achieved a cervical screening rate of 85% compared to the national average of 82%.
- The practice identified a significant increase in the rate of lifestyle-related diabetes in this age group. In response and to improve the detection of pre-diabetes, the practice offered a preventative education programme for patients at risk of developing this condition.

## People whose circumstances may make them vulnerable

The practice is rated as good for this population group.

- The practice held a register of patients living in vulnerable circumstances including victims of domestic violence and those with a learning disability.
- The practice offered longer appointments or home visits, annual reviews, flu vaccines and health action plans for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies and crisis teams.
- The practice had a close working relationship with a local substance misuse service and worked collaboratively to provide individualised care to patients.
- Patients with a visual impairment were highlighted on the appointment system and the booked GP or nurse provided a meet and escort service from the waiting room to the clinical area. A separate, quiet waiting room was also available for patients for whom the main waiting area caused anxiety or discomfort.

Good



# Summary of findings

- Three members of staff, including one GP, were trained as domestic violence champions. This meant they acted as dedicated points of contact for patients with concerns or who were experiencing domestic violence.

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

The practice is rated as good for this population group.

- Walk-in appointments were available for patients who found it difficult to keep to scheduled appointments due to their circumstances.
- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the clinical commissioning group average of 83% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Clinical staff could refer patients directly to talking therapies services and in-house cognitive behaviour therapy and bereavement services were available.
- Clinical staff were able to conduct depression assessments and followed up accordingly.
- The practice carried out advance care planning for patients with dementia and patients with bipolar affective disorder, schizophrenia and other psychoses had care plans in place.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and the practice was working towards 'Dementia Friendly' status.

Good



# Summary of findings

## Outstanding practice

- The senior team had a demonstrable commitment to staff wellbeing and welfare and worked within the ethos that staff would give their best if they were healthy and had a good work-life balance. In recognition of these efforts, the practice achieved the Northeast Better Health at Work bronze award in 2012, silver award in 2013 and gold standard in 2014. The practice also achieved the continuing excellence award in 2015 and a small business award in 2013.
- The practice had achieved Young Carers Charter status for its work with young people who were carers for relatives. In addition, a 'carers prescription' system was in place that enabled staff to refer patients or relatives to a carers association for further support, such as specialist advice or counselling.
- A member of the PPG carried out an accessibility audit to achieve 'Accessible for All' status. This audit led to an action plan to improve levels of access such as for wheelchairs or patients with a visual impairment. As a result rails and bright markings on accessible parking bays were implemented. The member of the PPG also supported the practice to implement the NHS England Accessible Information Standard.

# Willington Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Willington Medical Group

Willington Medical Group has a clinical team of a senior GP partner, five GP partners, one nurse practitioner, two practice nurses, three healthcare assistants and a phlebotomist. The practice is led by a practice manager with support from an IT and data quality lead, a secretary, an administrator and eight practice support workers. This is a teaching practice and regularly has a GP registrar in post.

The practice is readily accessible for people who use wheelchairs and by parents with pushchairs. A portable hearing loop system is available and there are quiet waiting facilities for patients who find the main waiting area to cause anxiety. Private space is available for breast-feeding. Patients can check-in using a self-service kiosk, which provides instructions in several languages.

The practice services a patient list of 9209, 2.5% of which are registered carers and is in an area of high deprivation.

Appointments are from 7.30am to 6pm on Mondays and Wednesdays, 8am to 6pm on Tuesdays and Fridays and 8am to 7pm on Thursdays.

We had previously carried out an inspection at this practice as part of our pilot scheme of new inspection methods. At that time the practice was compliant with our regulation standards.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 June 2016.

During our visit we:

- Spoke with a range of staff and stakeholders.
- Observed how patients were being cared for and collected feedback from patients and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

# Detailed findings

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff recorded incidents and significant events using the practice's electronic system, which were reviewed and investigated by the practice manager. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a root cause analysis of incidents and significant events and proactively identified learning opportunities from patient experience and working with other agencies.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, healthcare assistants were allocated additional time after each urinalysis appointment to check results and initiate the appropriate follow-up following an incident relating to delayed action. In addition, administrative processes were improved to reduce the risk of errors when scanning discharge and other hospital letters. The documentation completed by staff during their investigations of incidents, significant events and learning opportunities showed us that investigations and outcomes were shared with other organisations and providers, including pharmacies and secondary care, to improve practice and patient outcomes.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3 and all other clinical staff were trained to child safeguarding level 3 or level two, depending on their role. All non-clinical staff were trained to child safeguarding level one.
- The management and clinical governance structures included provision for reviewing safeguarding, child protection and domestic violence concerns. This occurred through weekly clinical meetings and quarterly multidisciplinary meetings.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Training and guidance on the use of bodily fluid spill kits was improved after a previous incident and a nurse held responsibility for their maintenance.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead and liaised with local infection prevention teams to keep up to date with best practice, including a two-yearly visit from an infection control specialist nurse from the CCG. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe, including obtaining, prescribing,

## Are services safe?

recording, handling, storing, security and disposal. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines. NHS England had conducted an audit of vaccine storage in June 2016. This found vaccine storage to be compliant with a need for improved documented defrosting regimes and a second thermometer in fridges separate from the main power supply. The practice had acted on both recommendations.

- One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow staff to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### 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, including an up to date health and safety policy. The practice had up to date fire risk assessments and carried out regular

fire drills. A trained fire warden was available at all times the building was open to the public. Fire wardens completed regular safety checks on fire equipment and evacuation routes.

- All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency and panic alarms at reception.
- All staff received basic life support and cardiopulmonary resuscitation (CPR) training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Care for older patients was based on research by the Royal College of General Practitioners that identified a 20% reduction in mortality if good continuity of care was provided.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 99% of the total number of points available. Exception reporting was significantly lower, by at least 5%, than the national average in the asthma, depression, dementia, mental health osteoporosis and rheumatoid arthritis clinical domains. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 showed:

- Performance for diabetes related indicators was better than the national average in three out of five indicators and worse than the national average in two indicators. For example, 83% of patients with diabetes had a foot examination recorded in the last 12 months, compared

to the national average of 88% and 90% of patients with diabetes had an acceptably low cholesterol level recorded in the previous 12 months, compared to the national average of 81%.

- Performance for mental health related indicators was better than the national average in all three indicators. For example, 95% of patients with schizophrenia, bipolar affective disorders and other psychoses had their alcohol consumption recorded in the previous 12 months, compared to the national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the previous 12 months, all of which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included increased practice-led insulin initiation for patients newly diagnosed with diabetes and 50% better glycaemic control for patients already prescribed insulin. An audit of the management of patients with chronic kidney disease highlighted the need for more robust management of blood pressure, which was implemented.
- In response to patient and staff feedback, the practice removed the system of only offering certain clinics at set times. Instead all services were bookable from 8am to 6pm Monday to Friday. Staff told us this contributed to improved uptake, which was reflected in data, including the highest uptake of flu vaccinations amongst patients with a learning disability in the CCG.
- The practice adhered to the national Gold Standards Framework for palliative care and key staff met as a part of a multidisciplinary team quarterly to check adherence to this.

### Effective staffing

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

# Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Specific inductions were in place for registrars.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. A practice support worker had successfully completed ambulance awareness training and the practice manager was trained in learning from serious case reviews. This represented a continual approach to improving the skills and knowledge of the team at all levels, such as a practice nurse who completed post-graduate professional development in non-medical prescribing in a leadership context.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- All staff were provided with protected learning time on a monthly basis.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training and were offered courses proactively based on feedback. For instance, following patient survey feedback, the reception team received customer service training from an accredited college.
- The senior team proactively invested in the development of existing staff with continuing professional development that we saw benefited the

practice and its patients. For example, there was evidence of on-going development amongst practice support workers and healthcare assistants. One practice support worker had completed training to enable them to successfully be promoted to a healthcare assistant and healthcare assistants were working towards accreditation as health trainers. This meant patients received continuity of care from staff they knew well whose knowledge and skills developed with the needs of the local population.

## Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- A 'wellness for life' health trainer was embedded in the practice and two healthcare assistants had qualified as health trainers following a pilot exercise that was evaluated by a local university. This team supported patients to make behaviour changes such as to improve their diet, lower fat intake and improve their understanding of healthy living.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. For example, staff worked closely with a residential care facility for people with learning disabilities and a residential centre for young people with behavioural difficulties in the local community. This included with the safeguarding team and community mental health nurses.
- Staff within the practice demonstrated a proactive approach to collaborative working. For example, a

# Are services effective?

## (for example, treatment is effective)

time-out event had been held for joint learning between the practice nurses and healthcare assistants. This helped both teams to complete training on managing needlestick injuries, infection control and wellbeing.

- Quarterly multidisciplinary meetings took place between GPs, nurses and the specialists who regularly worked with patients, including health visitors and the local safeguarding team. This complemented weekly partner meetings that were used to discuss any new safeguarding cases.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers and those at risk of developing a long-term condition.
- Smoking cessation and drug and alcohol liaison services were readily available.
- The practice worked in a partnership with a local leisure and community centre, a wellbeing team and three other health organisations to promote and facilitate access to structured exercise and social activities programmes for patients. Staff used this as a strategy to address the increasing rate of lifestyle-related diabetes in the local population and to reduce the risks

associated with social isolation. This was a structured programme with measurable standards in place. For example, a clinical member of the staff from the practice made a direct referral to the leisure centre, which a fitness instructor implemented within 72 hours. Fitness instructors monitored the heart rates of patients during their initial sessions, data which was shared with a named GP to help monitor improvements in their physical condition. In addition, a health trainer was available in the practice two days per week and provided targeted support to clinical staff.

- A preventative education programme was offered to patients at risk of developing diabetes as part of pre-diabetes screening. There was evidence of success with this clinic, such as patients who lost 6kg as part of their learning to prevent the development of diabetes.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% (excluding meningitis C) and five year olds from 91% to 96%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 27 patient Care Quality Commission comment cards we received were positive about the caring attitude of staff they experienced. Patients said they felt staff were compassionate and kind and always gave them enough time to talk. Five patients said reaching the practice by phone was often problematic but they always found staff to be helpful when they did get through.

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

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 95% and the national average of 91%.
- 86% of 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 told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

The practice adopted a 'carers prescription' service that enabled staff to refer patients or their carers to a local association that could provide counselling, complementary therapy or emotional support as well as specialist advice and guidance.

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and the national average of 85%.

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

## Are services caring?

- Translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available that met the needs of the local population and an information audit had resulted in an improved design and style of materials published in-house.

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

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

The practice's computer system alerted GPs if a patient was also a carer and there was a well-established support process, led by a carer lead, nurse lead and carer

champion. This meant staff from a range of different roles in the practice were able to support carers. Written information was available to direct carers to the various avenues of support available to them in the community and the practice proactively offered annual health checks and flu vaccinations for this group. Staff had participated in a Royal College of General Practitioners pilot scheme to increase recognition of unpaid carers. As a result registered carers had increased from 1% of the practice list to 2.5%. The practice had achieved Young Carers Charter Status, which meant young people who acted as carers were offered structured support and access to appointments in the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone, in person or in writing. This contact was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the clinical commissioning group (CCG) to secure improvements to services where these were identified.

- The practice offered appointments from 7.30am twice weekly and until 7pm weekly to help patients access services whose working hours made it difficult to attend during the day.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. A nurse conducted visits to local residential facilities that cared for people with learning disabilities and young people with behavioural support needs.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was fully accessible by patients who used wheelchairs and there was lift access to the first floor, where patient meetings could take place. A separate, quiet waiting room was available for patients who found the main waiting area to be too noisy or to cause anxiety and a private area for breast-feeding was available on request.
- The practice was a member of the Royal College of General Practitioners 'flu spotter' surveillance scheme, which contributed to the prevention of flu outbreaks in local communities.
- The practice offered a range of services to reduce the need for patients to attend hospital or secondary care centres. This included retinal screening, physiotherapy and the management of ring pessaries.
- Cognitive behaviour therapy, bereavement counselling and depression screening were offered on site and clinical staff could refer patients directly to talking therapies services.
- Modifications had been made to the environment to improve access for patients. This included a lowered reception desk, raised chairs and wider chairs in the waiting area. The hearing loop system had been upgraded to include a headset and microphone, which improved confidentiality at reception. This equipment was portable and patients could take it into clinical appointments with them.
- A range of services and staff were provided on-site on a weekly basis. This included drop-in advice and guidance sessions from the Citizens Advice Bureau, two physiotherapy sessions and weekly sessions with a smoking cessation nurse, retinal screening nurse and midwives. A specialist diabetic nurse was available on-site fortnightly.
- Drug and alcohol liaison teams were available locally and staff had training to meet the needs of patients who were drug users. For example, healthcare assistants provided wound dressing for intravenous drug users and nurses were able to offer chlamydia and HIV testing.
- The practice acted as a community hub for local patients to connect with each other and reduce the risk of social isolation. For example, staff were trained to signpost patients to social groups such as a knitting group, the shed scheme for men and regular coffee mornings for the recently bereaved.
- Three members of staff were trained as domestic violence champions. This meant they acted as dedicated points of contact for patients with concerns or who were experiencing domestic violence and could refer them rapidly to appropriate crisis teams.
- The practice had established a relationship with a domiciliary optometrist to whom they could refer directly. This followed research by a practice support worker who had struggled to find a suitable provider for a patient and represented a proactive approach to collaborative working to meet individual needs.

### Access to the service

Appointments were from 7.30am to 6pm on Mondays and Wednesdays, 8am to 6pm on Tuesdays and Fridays and 8am to 7pm on Thursdays.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

# Are services responsive to people's needs?

## (for example, to feedback?)

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and the national average of 78%.
- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.
- A new telephone system had been installed to improve access to reception staff to make appointments and to order repeat prescriptions.
- The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.
- The practice manager and reception team worked to reduce the number of patients who did not attend booked appointments by encouraging everyone registered with the practice to use the mobile phone patient access service. This enabled the practice to send text messages to patients to remind them to use appointments or cancel them if they were no longer needed.
- The practice was one of eight NHS England Beacon Sites nationally for online patient access to make appointments, book routine blood tests, view medication, request prescriptions and read their medical records.

### Listening and learning from concerns and complaints

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

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

Between March 2015 and April 2016, the practice received four formal complaints and three informal complaints. In each case the practice manager contacted the patient or relative concerned to establish the facts and offered the opportunity to meet in person. Each complaint was investigated appropriately and lessons were learned where possible. For example, staff were given training from the NHS Independent Complaints Advocacy service in supporting patients who were unable to complete documentation due to conditions such as dyslexia. The practice manager and senior clinical team reviewed complaints on an annual basis to identify trends and patterns that could help to improve the service.

In addition to investigating formal complaints, staff were proactive in establishing learning from concerns raised verbally by patients. For example, the relative of a patient who had seen a specialist spoke with staff about the lack of clarity in the discharge information supplied from secondary care. To address this, the practice liaised with the discharging doctor and reviewed their practices in terms of how they actioned discharge letters and information. In another instance, a new policy of how electronic medication requests were handled was introduced that meant GP registrars who completed house visits or GPs on annual leave would not receive time-critical electronic requests.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- A member of the PPG and the practice manager audited the practice for compliance with the NHS England Accessible Information Standard, which staff used as a consultation on business improvement to continue their track record of business awards. As a result of the audit, the practice introduced a new house style for leaflets and communication, which improved clarity and visibility. A new training pack for staff was trialled as a result and piloting undertaken with patients and staff for improvements to printed information. The healthcare assistants developed a new information standard that was rolled out to new patients. This included receptionists asking if they had any communication needs and healthcare assistants demonstrating the hearing loop equipment if needed.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- All staff had basic information governance training, which meant they knew how to handle sensitive data confidentially and in line with national guidance. The practice had also adopted best practice guidance from the British Medical Association on the use of social media. Trainee doctors studied this guidance as part of their induction in the practice.

### Leadership and culture

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

Senior staff demonstrated a continual commitment to the cohesion and wellbeing of their teams. This included actively promoting a positive work-life balance, which had led to the practice being recognised with a Better Health at Work Award. As part of a wellbeing partnership with a local leisure centre, staff were given access to fitness facilities and protected time for exercise on a daily basis. All of the staff we spoke with were positive about this and said it had helped them to work together as a team and improved their feelings of working for the practice.

The practice support worker team worked within an innovative 'no hierarchy' structure. This meant each member of the team was of equal standing and responsibilities were shared according to skill mix and hours worked. The whole team met monthly and the practice manager was available for support. Staff told us they felt very strongly about the benefits of this system. They said it resulted in a culture of support and mutual respect and helped them to manage an increasing workload.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. This included support training for all staff on communicating with



# Are services well-led?

Good 

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

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the PPG and through surveys and complaints received. The PPG met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, members of the PPG had worked with the leadership team and a technician to tailor a new telephone system to the needs of the practice, including handling high volumes of prescription calls. The PPG collected data on the time taken for patients' calls to be answered and used this with the practice manager to consider improvements to call handling processes.
- Guest speakers regularly attended PPG meetings to ensure members understand local health processes, policies and organisations. This had included Macmillan

nurses and guests from Age UK and community transport services. This was part of a strategy to develop PPG members as community 'ambassadors', to help patients access support and help when a clinical appointment would be unnecessary.

- The PPG recognised that the membership was not broadly representative of the practice population. To address this they held an open evening, outside of working hours, to encourage younger patients to join.
- The practice had acted on feedback received from the Friends and Family Test that people felt it could be difficult to get through to the practice by telephone. For example, a new telephone system had been installed and guidelines for staff had been updated, which meant they would no longer use incoming phone lines to make outgoing calls. Patients were also reminded of the dedicated number for prescriptions, which freed up the main system for patients to make appointments.
- The practice had gathered feedback from staff through meetings, appraisals and professional development activities. For example, a healthcare assistant identified ear syringing training as a clinical need following feedback from a patient. This had been provided and resulted in a broader range of services to patients.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and said they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes and research to improve outcomes for patients in the area.

- The strategy included consideration of the changing needs of the local population, including in mental health and lifestyle-related health. For example, a preventative education programme on diabetes was being expanded and the practice continued to promote its partnership working with a local health and leisure centre. We spoke with the chief executive of the leisure centre who said they worked collaboratively with the practice to ensure the business plan for the partnership

# Are services well-led?

Good 

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

met patient needs. This included the need for instructor-led fitness programmes and a working knowledge of the high levels of deprivation in the local community such as fuel poverty.

- The service was working towards Dementia Friendly status and a member of patient participation group (PPG) was leading an action plan to bring the practice

into Accessible for All status. This was a comprehensive project that consider all elements of access to the building including details such as ramps, handrails and visibility of signage.

Senior staff were proactive in maintaining the practices' established research profile, which included research in dementia, diabetes, kidney disease and hypertension.