

# Trinity Medical Centre

## Quality Report

New George Street,  
South Shields,  
Tyne and Wear,  
NE33 5DU

Tel: 0191 4560053

Website: [www.trinitymedicalcentre.nhs.uk](http://www.trinitymedicalcentre.nhs.uk)

Date of inspection visit: 14 July 2016

Date of publication: 19/08/2016

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?

Outstanding 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12
Outstanding practice	12

### Detailed findings from this inspection

Our inspection team	14
Background to Trinity Medical Centre	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Trinity Medical Centre on 14 July 2016. Overall the practice is rated as good.

Our key findings were as follows:

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.
- The practice proactively sought feedback from patients. Patients were involved in the review of complaints; anonymised details of complaints were shared with the patient participation group (PPG).

We saw several areas of outstanding practice including:

- The practice had developed an 'older population clinic'. Clinics had been held monthly since December 2015. The clinics were aimed at all patients over the age of 65, including housebound patients. Patients were invited in for a two and a half hour appointment; which included a full health check with a nurse, then a medication review with a GP, this time was also used for the patient to have

# Summary of findings

time to talk about any concerns they may have had. The practice worked with a charity to arrange for a minibus to collect housebound patients and take them home again after their appointment.

- One of the receptionists was the 'young person champion'; they were a point of contact for any young patients who needed advice on which service to access. The practice wrote to all registered patients when they reached 14 years of age. A newsletter specifically designed for young people was included; this gave information about how to use the surgery, what their rights were, an explanation about confidentiality and had links to various health related 'apps' for mobile devices. The practice website had a dedicated section for young people.
- The practice used new technologies to engage with patients. This included the use of 'facetime' to carry out consultations; when the nurses carried out visits

to housebound patients they used a tablet device to allow the patient to communicate with the GP back at the surgery. This allowed for medication reviews to be carried out at the same time as health checks, and enabled staff carrying out the home visit to access patients' full medical records. At the time of the inspection the practice was actively reviewing a web cam based system which would link directly into the clinical records system.

The areas where the provider should make improvements are:

- Take steps to ensure all recommendations in the recent legionella risk assessment are actioned.
- Take steps to ensure staff are aware of any necessary action to be taken following receipt of national patient safety alerts.

**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 nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed. However, there were no formal arrangements in place to log alerts received or document any action taken.

There was evidence of medicines management. Suitable arrangements were in place to store medicines on the premises.

Good infection control arrangements were in place and the practice was clean and hygienic. Effective staff recruitment practices were followed and there were enough staff to keep patients safe. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.

Good



### Are services effective?

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. Staff had received training appropriate to their roles. There were systems 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.

Data showed patient outcomes were above national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 100% of the points available. This was above the local and national averages of 94.4% and 94.7% respectively. However, at 12.6%, the clinical exception reporting rate was above the national average of 9.2% and the CCG average of 9.5% (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 exception rate was above average because of the number of patients who had not attended for their reviews, despite several attempts by the practice to engage with them. Managers told us they continued to attempt to encourage those patients to attend.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

Patients 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 services available was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

The National GP Patient Survey published in July 2016 showed the practice was broadly in line with national and local averages for satisfaction scores on consultations with doctors and nurses. Results showed 97% of respondents said they had confidence and trust in the last GP they saw, compared to the national average of 95%; 100% said they had confidence and trust in the last nurse they saw, compared to the national average of 97%. The results of the practice's own patient survey were also positive; for example, 85% of respondents said they would recommend the practice.

There was a practice register of all patients who were also carers; 143 patients (2.2% of the practice list) had been identified as carers. They were offered health checks and referred for social services support if appropriate.

Cards were sent to those who had suffered a bereavement or miscarriage; to congratulate new parents and to all patients on their 65th birthday. The cards also included information for patients; for example, the 65th birthday card included an invitation for an osteoporosis assessment.

One of the receptionists was the 'young person champion'; they were a point of contact for any young patients who needed advice on which service to access. In order to reach more of the local young people, the nurse practitioner attended the local primary school to present health awareness sessions. The nurse practitioner was also part of a team of GPs and nurses which held a 'talk to us' session at a local secondary school.

Good



## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

There were innovative approaches to providing integrated person-centred care. In response to the needs of the older patients the practice had developed an 'older population clinic'. Clinics had been held monthly since December 2015. The clinics were aimed at all patients over the age of 65, including housebound patients.

Outstanding



# Summary of findings

Patients were invited in for a two and a half hour appointment; which included a full health check with a nurse, then a medication review with a GP, this time was also used for the patient to have time to talk about any concerns they may have had.

There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met those needs. The practice wrote to all registered patients when they reached 14 years of age. A newsletter specifically designed for young people was included; this gave information about how to use the surgery, what their rights were, an explanation about confidentiality and had links to various health related 'apps' for mobile devices. The practice website had a dedicated section for young people.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Patients and staff were involved in the review of complaints.

The practice scored well in relation to access in the National GP Patient Survey. The most recent results (published in July 2016) showed 87% (compared to 85% nationally and locally) of respondents were able to get an appointment or speak to someone when necessary. The practice also scored highly on the ease of getting through on the telephone to make an appointment (96% of patients said this was easy or very easy, compared to the national average of 73% and a clinical commissioning group (CCG) average of 79%).

## Are services well-led?

The practice is rated as good for providing well-led services.

The leadership, management and governance of the practice assured the delivery of person-centred care which met patients' needs. There was a clear and documented vision for the practice which had been developed with staff. Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Staff said they felt supported by management. Team working within the practice between clinical and non-clinical staff was good.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which they acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



# Summary of findings

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had implemented a number of innovative systems

# 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.
- In response to the needs of the older patients the practice had developed an 'older population clinic'. Clinics had been held monthly since December 2015. The clinics were aimed at all patients over the age of 65, including housebound patients. Patients were invited in for a two and a half hour appointment; which included a full health check with a nurse, then a medication review with a GP, this time was also used for the patient to have time to talk about any concerns they may have had.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- Longer appointments and home visits were available when needed. The practice's electronic 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 had regular reviews to check with health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.



# Summary of findings

## Families, children and young people

The practice is rated as outstanding 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 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice's uptake for the cervical screening programme was 81.2%, which was in line with the clinical commissioning group (CCG) average of 81.9% and the national average of 81.8%.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.
- One of the receptionists was the 'young person champion'; they were a point of contact for any young patients who needed advice on which service to access. The practice wrote to all registered patients when they reached 14 years of age. A newsletter specifically designed for young people was included; this gave information about how to use the surgery and had links to various health related 'apps' for mobile devices. The practice website had a dedicated section for young people.
- In order to reach more of the local young people, the nurse practitioner attended the local primary school to present health awareness sessions. The nurse practitioner was also part of a team of GPs and nurses which held a 'talk to us' session at a local secondary school.

Outstanding



## 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).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted

Good



# Summary of findings

the services it offered to ensure these were accessible and flexible. Extended hours surgeries were offered on Monday and Thursday mornings from 7.30am for working patients who could not attend during normal opening hours.

- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- Patients with learning disabilities were invited to attend the practice for annual health checks and were offered longer appointments, if required.
- A review of how the practice met the needs of patients with learning disabilities had been carried out. Improvements were made, including appointing a dedicated administrative lead and pictures were put on doors including the nurses and doctors rooms and toilet facilities. Leaflets were available in easy read format and invitations to attend reviews were updated to include more suitable wording and pictures.
- The practice had 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.
- Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.

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).

Good



# Summary of findings

- The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.
- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.
- The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

# Summary of findings

## What people who use the service say

We spoke with nine patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

We reviewed 67 CQC comment cards which had been completed by patients prior to our inspection.

Patients were very complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were generally happy with the appointments system.

The National GP Patient Survey results published in July 2016 showed the practice was generally above local and national averages. There were 111 responses (from 261 sent out); a response rate of 43%. This represented 1.7% of the practice's patient list. Of those who responded:

- 95% said their overall experience was good or very good, compared with a clinical commissioning group (CCG) average of 88% and a national average of 85%.

- 96% found it easy to get through to this surgery by phone, compared with a CCG average of 79% and a national average of 73%.
- 91% found the receptionists at this surgery helpful, compared with a CCG average of 89% and a national average of 87%.
- 87% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG and national average of 85%.
- 94% said the last appointment they got was convenient, the same as the CCG average, and above the national average of 92%.
- 83% described their experience of making an appointment as good, compared with a CCG average of 77% and a national average of 73%.
- 69% usually waited 15 minutes or less after their appointment time to be seen, compared with a CCG average of 74% and a national average of 65%.
- 67% felt they don't normally have to wait too long to be seen, the same as the CCG average and a national average of 58%.

## Areas for improvement

### Action the service **SHOULD** take to improve

Take steps to ensure all recommendations in the recent legionella risk assessment are actioned.

Take steps to ensure staff are aware of any necessary action to be taken following receipt of national patient safety alerts.

## Outstanding practice

The practice had developed an 'older population clinic'. Clinics had been held monthly since December 2015. The clinics were aimed at all patients over the age of 65, including housebound patients. Patients were invited in for a two and a half hour appointment; which included a full health check with a nurse, then a medication review with a GP, this time was also used for the patient to have time to talk about any concerns they may have had.

One of the receptionists was the 'young person champion'; they were a point of contact for any young patients who needed advice on which service to access.

The practice wrote to all registered patients when they reached 14 years of age. A newsletter specifically designed for young people was included; this gave information about how to use the surgery, what their rights were, an explanation about confidentiality and had links to various health related 'apps' for mobile devices. The practice website had a dedicated section for young people.

The practice used new technologies to engage with patients. This included the use of 'facetime' to carry out consultations; when the nurses carried out visits to

## Summary of findings

housebound patients they used a tablet to allow the patient to communicate with the GP back at the surgery. This allowed for medication reviews to be carried out at the same time as health checks, and enabled staff

carrying out the home visit to access patients' full medical records. At the time of the inspection the practice was actively reviewing a web cam based system which would link directly in to the clinical records system.

# Trinity Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a further CQC inspector.

## Background to Trinity Medical Centre

Trinity Medical Centre is registered with the Care Quality Commission to provide primary care services. It is located in the South Shields area of Tyne and Wear.

The practice provides services to around 6,200 patients from one location: New George Street, South Shields, Tyne and Wear, NE33 5DU. We visited this address as part of the inspection. The practice has three GP partners (two female and one male), two salaried GPs (both female), a nurse practitioner and two practice nurses (all female), a healthcare assistant, a business manager, a practice manager, and 10 staff who carry out reception, administrative and cleaning duties.

The practice is part of South Tyneside clinical commissioning group (CCG). The age profile of the practice population is broadly in line with CCG and national averages. Information taken from Public Health England placed the area in which the practice is located in the second most deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice is a training practice; one of the GPs is an accredited GP trainer.

The practice is located in a purpose built two storey building. All patient facilities are on the ground floor. There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

Opening hours are between 7.30am and 6pm Monday and Thursday; between 8.15am and 6pm on Tuesdays and between 8.30am and 6pm on Wednesday and Friday. Patients can book appointments in person, on-line or by telephone. Appointments were available at the following times:

- Monday – 7.30am to 11.20am; then from 2pm to 5.20pm
- Tuesday – 8.30am to 11.10am; then from 2.30pm to 5.10pm
- Wednesday – 8.30am to 11.20am; then from 2.30pm to 5.20pm
- Thursday – 7.30am to 11.20am; then from 1.50pm to 4.20pm
- Friday – 8.30am to 11.20am; then from 2.30pm to 5.10pm.

A duty doctor is available each afternoon until 6pm.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

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

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

# Detailed findings

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. This inspection was planned to check whether the registered 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)

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

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.

We carried out an announced visit on 14 July 2016. We spoke with nine patients and 11 members of staff from the practice. We spoke with and interviewed two GPs, the nurse practitioner, the business manager, the practice manager, the trainee practice manager and five staff carrying out reception and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 67 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice carried out a thorough analysis of the significant events.

Staff told us they were encouraged to report incidents. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following one incident the arrangements record patient deaths were reviewed and updated.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. There were no formal arrangements in place to log alerts received or document any action taken. Alerts were disseminated by the trainee practice manager to the individual GPs. It was not clear how decisions were made on what action should be taken to ensure continuing patient safety, and mitigate risks.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, 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 level three in children's safeguarding.

- 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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for



## Are services safe?

treatment). The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations (only if they had received specific training and only when a doctor or nurse was on the premises).

- Suitable arrangements were in place to store medicines on the premises.
- Recruitment checks were carried out and the three files we reviewed showed that 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 DBS checks.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also 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 type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal). The legionella

risk assessment had been carried out in the previous month; this had made a number of 'high risk' recommendations. Managers were in the process of commissioning a specialist organisation to carry out the remedial works.

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

### Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.
- 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 carried out assessments and treatment 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 ensure all clinical staff were kept up to date. Staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 100% of the total number of points available, well above the national average of 94.7% and the clinical commissioning group (CCG) average of 94.4%.

However, at 12.6%, the clinical exception reporting rate was above the national average of 9.2% and the CCG average of 9.5% (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 exception rate was above average because of the number of patients who had not attended for their reviews, despite several attempts by the practice to engage with them. Managers told us they continued to attempt to encourage those patients to attend.

The data showed:

- Performance for chronic obstructive pulmonary disease (COPD) related indicators was better than the national

average (100% compared to 96% nationally). For example, the percentage of patients with COPD who had had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 91.3%, compared to the national average of 89.8%. However, the exception rate was high; 20.5%, compared to the national average of 11.1%.

- Performance for asthma related indicators was better than the national average (100% compared to 97.4% nationally). For example, the percentage of patients with asthma aged 14 or over and who had not attained the age of 20, on the register, in whom there was a record of smoking status in the preceding 12 months was 94.1%, compared to the national average of 88.2%. However, the exception rate was high; 26.1%, compared to the national average of 4.9%.
- Performance for mental health related indicators was above the national average (100% compared to 92.8% nationally). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented was 92.9%, compared to the national average of 88.3%. However, the exception rate was high; 37.3%, compared to the national average of 12.6%.
- Performance for cancer related indicators was above the national average (100% compared to 97.9% nationally). For example, the percentage of patients with cancer, diagnosed within the preceding 15 months, who had a patient review recorded as occurring within 6 months of the date of diagnosis, was 94.7%, the same as the national average. However, the exception rate was high; 47.2%, compared to the national average of 15.5%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw a number of clinical audits had recently been carried out. The results and any necessary actions were discussed at the clinical team meetings. This included an audit to check whether patients with asthma had an asthma management plan. An initial audit was carried out which showed that 63% of patients had a written management plan. Action was taken and a further audit cycle was carried

# Are services effective?

## (for example, treatment is effective)

out. This showed an improvement, in that 89% of patients had a management plan in place. Staff planned to continue to encourage patients to attend their reviews and were going to re-run the audit in 2017 to monitor progress.

The practice participated in applicable local audits, national benchmarking and peer review. Findings were used by the practice to improve services. For example, recent action was taken following peer reviews of prostate cancer cases.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every two months and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

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

### Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. For example:

- Patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available and a dietician attended the practice each week.
- The practice's uptake for the cervical screening programme was 81.2%, which was comparable to the CCG average of 81.9% and the national average of 81.4%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable with CCG averages. For example, childhood immunisation rates for the vaccinations given to

## Are services effective?

(for example, treatment is effective)

under two year olds ranged from 91.1% to 100% (compared to the CCG averages of between 84.9% and 99.4%). Rates for five year olds ranged from 96.7% to 100% (compared to the CCG averages of between 91.5% and 99.2%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups on 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 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 room to discuss their needs.

All of the 67 patient CQC comment cards we received were positive about the service experienced. We spoke with nine patients during our inspection. Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We saw several examples of where staff had 'gone the extra mile, for example, delivering medicines to elderly patients, supporting patients to read and understand information from other organisations and assisting refugees and homeless patients to access health services and other support agencies.

Results from the National GP Patient Survey, published in July 2016, showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect. Satisfaction scores were generally in line with or higher than averages. For example, of those who responded:

- 97% said they had confidence and trust in the last GP they saw, compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 88% said the last GP they spoke to was good at treating them with care and concern, the same as the CCG average, and above 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%.

- 90% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 92% and the national average of 91%.
- 91% said they found the receptionists at the practice helpful, compared to the CCG average of 89% 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. Most told us they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the July 2016 National GP Patient Survey we reviewed showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example, of those who responded:

- 88% said the GP was good at listening to them, compared to the CCG average of 91% and the national average of 89%.
- 90% said the GP gave them enough time, compared to the CCG average of 89% and the national average of 87%.
- 89% 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%.
- 80% 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%.
- 90% said the last nurse they spoke to was good listening to them, compared to the CCG average of 92% and the national average of 91%.
- 95% said the nurse gave them enough time, compared to the CCG average of 94% and the national average of 92%.
- 82% said the nurse was good at explaining tests and treatments, compared to the CCG average of 92% and the national average of 90%.

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

## Are services caring?

- Staff told us that 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.
- There was a function on the practice's website to translate the entire site into alternative languages.
- Information leaflets were available in easy read format.

### **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. For example, there were leaflets with information about a local young carers services, an advocacy service, sexual health awareness and a local drug and alcohol support team.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were also carers; 143 patients (2.2% of the practice list) had been identified as carers. They were offered health

checks and referred for social services support if appropriate. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice sent them a sympathy card. This 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. Cards were also sent to those who had suffered a miscarriage; to congratulate new parents and to all patients on their 65th birthday. The cards also included information for patients; for example, the 65th birthday card included an invitation to attend the practice for an osteoporosis assessment.

One of the receptionists was the 'young person champion'; they were a point of contact for any young patients who needed advice on which service to access





# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example;

- The practice was open every Monday and Thursday morning from 7.30am for patients who could not attend during normal opening hours; appointments were available with both doctors and nurses.
- There were longer appointments available for anyone who needed them. This included people with a learning disability or people speaking through an interpreter.
- Home visits were available for older patients / patients who would benefit from these.
- Housebound patients, and those identified as at risk of unplanned admission to hospital had access to a priority telephone number, to ensure they could speak with a member of staff quickly if they needed to.
- Doctors carried out fortnightly visits and had regular phone contact with staff at a local nursing home.
- Telephone consultations were available each day.
- There were disabled facilities and translation services available. There was a function on the practice website that converted the entire text into the patient's language of choice.
- The practice was in the process of reviewing how patients with a sensory impairment would prefer to be communicated with. One of the members of the patient participation group was working with staff on this project.
- The site had level access to all facilities.
- Appointments could be booked on-line, in person, on the telephone.
- A number of services were provided at the practice; which reduced the need for patients to travel to other sites. For example, substance misuse clinics, minor surgery, a GP led diabetic clinic and contraceptive implant insertions.

There were innovative approaches to providing integrated person-centred care. In response to the needs of the older patients the practice had developed an 'older population clinic'. Clinics had been held monthly since December 2015. The clinics were aimed at all patients over the age of 65, including housebound patients. Patients were invited in for

a two and a half hour appointment; which included a full health check with a nurse, then a medication review with a GP, this time was also used for the patient to have time to talk about any concerns they may have had.

The involvement of other organisations ensured that services met patients' needs. Following the health checks, patients then had time with a representative from a national charity; they were able to give advice on benefits, housing and what support could be provided. The practice worked with the charity to arrange for a minibus to collect housebound patients and take them home again after their appointment.

An evaluation of this service had been carried out; this showed that of the 12 patients who had attended so far; four had found it extremely useful, five had found it very useful and three had found it good.

There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met those needs. The practice wrote to all registered patients when they reached 14 years of age. A newsletter specifically designed for young people was included; this gave information about how to use the surgery, what their rights were, an explanation about confidentiality and had links to various health related 'apps' for mobile devices. The practice website had a dedicated section for young people.

In order to reach more of the local young people, the nurse practitioner attended the local primary school to present health awareness sessions. The nurse practitioner was also part of a team of GPs and nurses which held a 'talk to us' session at a local secondary school.

A review of how the practice met the needs of patients with learning disabilities had been carried out. Improvements were made, including appointing a dedicated administrative lead and pictures were put on doors including the nurses and doctors rooms and toilet facilities. Leaflets were available in easy read format and invitations to attend reviews were updated to include more suitable wording and pictures.

### Access to the service

The practice was open between 7.30am and 6pm Monday and Thursday; between 8.15am and 6pm on Tuesdays and between 8.30am and 6pm on Wednesday and Friday. Appointments were available at the following times:



# Are services responsive to people's needs?

## (for example, to feedback?)

- Monday – 7.30am to 11.20am; then from 2pm to 5.20pm
- Tuesday – 8.30am to 11.10am; then from 2.30pm to 5.10pm
- Wednesday – 8.30am to 11.20am; then from 2.30pm to 5.20pm
- Thursday – 7.30am to 11.20am; then from 1.50pm to 4.20pm
- Friday – 8.30am to 11.20am; then from 2.30pm to 5.10pm

Extended hours surgeries were offered at every Monday and Thursday morning. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent on the day appointments were also available for people that needed them.

Results from the National GP Patient Survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment was generally above local and national averages. Most patients we spoke with on the day told us they were able to get appointments when they wanted them. For example, of those who responded:

- 86% of patients were satisfied with the practice's opening hours, compared to the CCG average of 81% and the national average of 76%.
- 96% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 79% and the national average of 73%.
- 83% of patients described their experience of making an appointment as good, compared to the CCG average of 77% and the national average of 73%.
- 69% of patients said they usually waited 15 minutes or less after their appointment time, compared to the CCG average of 74% and the national average of 65%.

Patients could access services in a way that suited them. The practice had begun to use new technologies to engage with patients. This included the use of 'facetime' to carry out consultations; when the nurses carried out visits to housebound patients they used a tablet to allow the patient to communicate with the GP back at the surgery. This allowed for medication reviews to be carried out at the same time as health checks, and enabled staff carrying out the home visit to access patients' full medical records. At the time of the inspection the practice was actively reviewing a web cam based system which would link directly in to the clinical records system.

The practice was also in the process of exploring consultations via email. This had been suggested by the PPG and managers were exploring ways to deliver this service safely and effectively.

The practice had worked with another practice in the CCG to set up local data sharing (the sharing of patient records). This allowed surgeries to open over the winter period; patients could attend any of the practices taking part and staff had access to their records.

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.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

There was an active review of complaints and how they were managed and responded to.

- The 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. Leaflets detailing the process were available in the waiting room and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were handled in an open and transparent way in line with current guidance and dealt with in a timely way. The practice displayed openness and transparency when dealing with complaints.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following complaints about access to appointments, access was reviewed and a new system put into place.





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

Patients were involved in the review of complaints.  
Anonymised details of complaints were shared with the

patient participation group (PPG). The PPG were made aware of patients' concerns and had the opportunity to suggest ways in which the practice could address the issues raised.

# 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, this was “Trinity Medical Centre aims to provide a safe, effective and easily accessible range of health services to all our patients within a friendly and confidential environment. Delivered by a caring team in co-operation with colleagues in other health and social care agencies”.
- The mission statement had been developed with staff and members of the patient participation group (PPG) and was displayed on a large wall mural behind the reception desk.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Managers had considered the age of the workforce and had a succession plan in place to allow, for example, the continuation of the service when staff retired. This included offering a current member of staff a 5 year apprenticeship as trainee practice manager.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Managers had a comprehensive understanding of the performance of the practice.
- 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.

### Leadership, openness and transparency

On the day of inspection managers and partners in the practice demonstrated they had the experience, capacity

and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us managers were approachable and always took the time to listen.

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

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

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

- Staff told us that regular team meetings were held.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported, particularly by the practice manager and the partners in the practice.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged staff to identify opportunities to improve the service delivered by the practice. For example, reception staff had made a suggestion about how to manage repeat prescriptions; the suggestion was acted on and new arrangements implemented.

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

Feedback was valued and patients were involved in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. We spoke with two

# Are services well-led?

Good 

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

members of the PPG and they told us about some improvements made. For example, decorating the building and lowering the reception desk to allow for easier access for all patients.

A yearly practice improvement plan was developed following feedback from patients, patient surveys and staff discussions. This included actions to address areas such as the premises, patient facilities and access.

The practice had gathered feedback from staff through staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had worked with another practice in the CCG to set up local data sharing (the sharing of patient records). This allowed surgeries to open over the winter period; patients could attend any of the practices taking part and staff had access to their records.

Their approach to person-centred care in respect of older people was innovative. The practice used new technologies to engage with patients and improve the consultation experience.