Haltwhistle Medical Group

Quality Report

Health Centre
Greencroft Avenue
Northumberland
NE49 9AP
Tel: 01434 320077
Website: www:haltwhistlemedicalgroup.co.uk

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

At our previous inspection on 14 October 2014, we rated the practice as good overall. At this inspection, we have also rated the practice as good.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Haltwhistle Medical Group on 11 December 2017 to check the provider continues to meet the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care and treatment they provided. Staff ensured that care and treatment was delivered in line with evidence- based guidelines.
- Patients found the appointment system easy to use and reported that they were able to access care and treatment when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Summary of findings

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. There were a strong and cohesive staff team, with high levels of staff satisfaction.

We also saw an area of outstanding practice:

- Feedback from patients about access to appointments, the practice's opening hours and the quality of their care and treatment was continuously very positive. The results of the NHS National GP Patient Survey, published in July 2017, showed patients rated the practice higher for all aspects of care, when compared to the local clinical commissioning group (CCG) and national averages. This high level of achievement had been sustained over a number of years.

The area where the provider should make an improvement is:

- Consider carrying out regular audits of the practice's consent process.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Consider carrying out regular audits of the practice's consent process.

Outstanding practice

- Feedback from patients about access to appointments, the practice's opening hours and the quality of their care and treatment was continuously very positive. The results of the NHS National GP Patient Survey, published in July 2017, showed patients rated the practice higher for all aspects of care, when compared to the local clinical commissioning group (CCG) and national averages. This high level of achievement had been sustained over a number of years.

Haltwhistle Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector who was supported by a second inspector. The team included a GP specialist adviser and an expert by experience.

Background to Haltwhistle Medical Group

The Haltwhistle Medical Group is located in the Haltwhistle area of Northumberland and provides care and treatment to 5,700 patients of all ages, based on a Personal Medical Services (PMS) contract. The practice is part of the NHS Northumberland clinical commissioning group (CCG). We visited the following location as part of the inspection:

Haltwhistle Medical Group, Health Centre, Greencroft Avenue, Northumberland, NE49 9AP.

The practice serves an area where deprivation is lower than the England average. Information supplied by Public Health England places the practice in the fourth least deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. Haltwhistle Medical Group has fewer patients aged under 18 years of age, and more patients over 65 years, than the England averages. The percentage of people with a long-standing health condition is above the England average, and the percentage of people with caring responsibilities is similar to the England average. Life expectancy for women (87.5) and men (81.3) is similar to the England averages of 83.1 and 79.4 respectively. National data showed that 0.7% of the population are from non-white ethnic groups.

The practice is located in a purpose built, two-storey building which had been fully refurbished in 2012. All consultation and treatment rooms are on the ground floor. Access for people with disabilities is provided throughout the premises. The premises also accommodated other community based healthcare services. The practice has four GP partners (one male and three females), three salaried GPs (one male and two females), who between them provided 36 weekly half-day clinical sessions. There were also three practice nurses (female), providing 75.5 hours of nursing time each week, two healthcare assistants (female), a practice manager, a deputy practice manager and a small team of administrative staff. The practice provided training opportunities for doctors training to be GPs, as part of the North Cumbria GP Training Programme.

The practice is open Monday to Friday between 8am and 18:30pm. The practice is closed at weekends. Telephone consultation appointments were provided each day. Extended hours appointments are provided on some days, from 7am and 8am and 6:30pm and 8pm. (The availability of these extra services varied from one week to the next.)

When the practice is closed patients can access out-of-hours care via Vocare, known locally as Northern Doctors, and the NHS 111 service.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and protected from abuse.

- The practice had carried out health and safety risk assessments, to help keep patients and staff safe. Health and safety policies were in place. These had been reviewed during the previous 12 months and staff were able to easily access them should this be necessary.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They clearly outlined who to go to for further guidance. The practice worked with other agencies to support patients and protect them from neglect and abuse. Regular multi-disciplinary 'Supporting Family' meetings were held to help manage patient risk and share information. Children identified as being at risk of potential harm were highlighted on the practice's medical records system to make sure this could be taken into account when providing information to other agencies and meeting their needs.
- The practice carried out checks to help make sure staff were safe to work with vulnerable patients. These included checks before staff were appointed, as well as on-going checks to make sure GPs continued to be registered with their professional regulatory body. However, the practice had relied on the nurses to renew their professional registration each year. But, after discussing this with the practice manager, they took immediate steps to introduce more appropriate arrangements. Disclosure and Barring Service (DBS) checks were also undertaken where required. (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 and/or adults who may be vulnerable). The practice had completed a risk assessment during one of their GP partner meetings to indicate why they had considered it unnecessary to carry out DBS checks for the two secretarial staff they employed. However, the outcome of the risk assessment had not been recorded. The practice manager agreed to complete a risk assessment immediately following the inspection.
- All staff had received training in safeguarding that was appropriate to their role and they knew how to identify and report concerns. Staff's training was up-to-date. Staff who acted as chaperones were trained for the role and had undergone a DBS check.
- There was an effective system to manage infection prevention and control. This included, for example, providing staff with appropriate training and carrying out an annual infection control audit. However, the practice's policy did not cover: the management of outbreaks of communicable diseases; the reporting of notifiable infections and contact details of infection control professionals. The practice manager told us they would immediately amend the policy to include this information.
- The practice ensured equipment, including clinical equipment used to treat patients, was safe to use. The practice manager confirmed all equipment was maintained according to the manufacturers' instructions. There were systems in place for safely managing healthcare waste.

Risks to patients

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

- There were effective arrangements in place for planning and monitoring the number and mix of staff required to meet patients' needs.
- There was an effective induction process for temporary staff, which had been tailored to their role. When new GP locums were used by the practice, the practice manager completed an induction checklist to make sure they were able to work in a safe manner. A GP locum induction pack was available and easy to access. However, there was no formal system in place for reviewing the performance of GP locums used by the practice.
- Staff understood their responsibilities to manage emergencies occurring on the premises and knew how to identify those in need of urgent medical attention. Clinicians knew how to identify and manage patients

with severe infections such as, for example, sepsis. A laminated sepsis awareness template was available in each clinical room, to help staff more easily recognise red-flag symptoms.

- When there were changes to how services were provided or changes to staff, the practice assessed and monitored the impact on safety. For example, the practice had recently reviewed and changed how the needs of patients with long-term conditions were met. This had included changes to how the nursing team provided care. This was being carefully monitored to ensure the changes made were not placing patients at risk of harm.
- The practice had an up-to-date business continuity plan, to help them respond in the event of an emergency. This was available to key staff when they were off site.

Information to deliver safe care and treatment

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

- Individual care records were recorded and managed in a way that kept patients safe. The care records we saw, showed that information needed to deliver safe care and treatment was available to relevant staff and easily accessible.
- The practice had systems for sharing information with staff and other agencies, to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

The practice had reliable systems for the appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment, minimised risks. The practice stored prescription stationery securely and monitored its use.
- Staff prescribed, and administered or supplied medicines to patients, and gave advice on medicines, in line with legal requirements and current national guidance. A range of medicines were available for use in the event of an emergency. However, although aspirin was available in the practice's drugs store, there was none in their emergency medicines box. We received confirmation shortly after the inspection that this shortfall had been addressed.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. For example, clinical staff were actively involved in promoting antimicrobial stewardship within the local clinical commissioning group. GP staff had recently completed learning in this area. They demonstrated they had access to the latest guidance on antimicrobial prescribing.
- Patients' health was monitored to ensure medicines were being used safely. Where necessary, appropriate tests were completed before high-risk medicines were re-prescribed. The practice involved patients in regular reviews of their medicines.

Track record on safety

Overall, the practice had a good safety record.

- Monthly health and safety risk assessments were completed to help maintain a safe environment for patients and staff.
- The practice continuously monitored and reviewed their safety practices. This helped the practice to understand potential risks to patient safety, and gave a clear, accurate overview which staff were able to use to make improvements. For example, following two needle stick injuries, the practice had reviewed and improved their systems and processes for managing sharps, to help prevent future reoccurrences.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. These arrangements included, for example, a 'near-miss' book in reception, which all staff were encouraged to complete. Staff understood their duty to raise concerns and report incidents and 'near-misses'. Leaders and managers supported them when they did so.
- There were effective systems for reviewing and investigating when things went wrong. The practice learned from incidents and took action to improve

Good

Are services safe?

safety. For example, in one significant event, the wrong patient had been invited to attend a GP clinic. (The practice had two patients with the same name.) This error had only been identified at the end of their consultation with the clinician. Following this, the practice took prompt action to review and improve their system for confirming the identity of patients. Minutes of an administrative meeting confirmed staff had been told they must use a patient's date of birth as the appropriate identifier, in order to avoid a reoccurrence.

Monthly significant event meetings were held, to ensure that the lessons learned had led to improvements and kept patients safe. Where judged relevant, staff had shared significant events outside of the practice, to help promote shared learning and improvement with other services.

- There was a system for receiving and acting on safety alerts. All safety alerts received were logged, shared with staff and actions taken were recorded.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. These included using the National Institute for Clinical Excellence (NICE) and GP Notebook encyclopaedia websites and the British National Formulary (a pharmaceutical reference book). All of the GPs had completed 'Hot Topic' courses, to help them keep up to date with new guidance and best practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance, supported by clear clinical pathways and protocols. For example, staff had access to sepsis clinical guidelines for both children and adults.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Quality improvement activities had been carried out to help ensure clinical staff were following current best practice guidance. For example, staff had completed antibiotic and chronic obstructive pulmonary disease audits.
- Staff used technology to help them provide a better service to their patients. They had raised funds to purchase new equipment such as blood pressure monitoring cuffs, blood pressure monitors and a Doppler machine and wand.
- We saw no evidence of discrimination when decisions about care and treatment had been made.
- Staff routinely advised patients what to do in the event their condition deteriorated and where to seek further help and support.

Older people:

- Older patients who are frail, or may be vulnerable, received a full assessment of their physical, mental and social needs. The practice made use of the electronic frailty index facility on their clinical IT system, to help them identify and predict adverse outcomes for their older patients. As result, frail patients at increased risk received a clinical review, including a review of their medication and susceptibility to falling.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other caring services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. Appropriate arrangements were in place to help ensure their care plans and prescriptions were updated, to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, their GPs worked with other health and care professionals to deliver a coordinated package of care.
- Staff responsible for the reviews of patients with long-term conditions had received training to help them do this.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to children were above the target of 90%.

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

- The practice's uptake for cervical screening was 82.3%, which was in line with the 80% target of the national screening programme.
- The practice had arrangements for advising eligible patients, such as students attending university for the first time, to have the meningitis vaccine.
- Patients had access to appropriate health assessments and checks, including NHS checks for patients aged 40-74. There were appropriate follow-ups on the outcome of health assessments and checks, where abnormalities or risk factors were identified. Over a 12 month period the practice had offered 489 patients a health check and230 patients had taken up the offer.

People whose circumstances make them vulnerable:

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

Good

Are services effective?

(for example, treatment is effective)

- The practice held a register of patients living in vulnerable circumstances, including those who had a learning disability or other mental health needs.

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

- 93.5% of patients diagnosed with dementia had their care reviewed, in a face-to-face meeting, during the period April 2016 to March 2017. This was above the local clinical commissioning group (CCG) and national averages of 83.7%.
- 91.8% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, had a comprehensive, agreed care plan documented, during the period April 2016 to March 2017. This was above the local CCG average of 91.1% and the national average of 90.3%.

The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example:

- 93.9% of patients who experienced poor mental health had their level of alcohol consumption recorded in their medical records, during the period April 2016 to March 2017. This was above the local CCG average of 97.9% and the national average of 96.7%.
- 93.8% of patients experiencing poor mental health, who had a record of blood pressure taken in the preceding 12 months. This was above the local CCG average of 92.8% and the national average of 90.5%.

Monitoring care and treatment

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

- The practice had a planned programme of clinical audits, to help them improve outcomes for their patients. The sample of clinical audits we looked at were relevant, showed learning points and evidence of changes to practice. They were clearly linked to areas where staff had identified potential risks to their patients. For example, a complete audit had been carried out to check clinical staff's compliance with national guidelines, when prescribing antibiotics for an acute cough. Although the overall level of compliance was found to be good in the initial audit, the practice identified that poor recording made it difficult to evidence that clinical staff had provided patients with self-help advice, information leaflets and advice regarding what to do if their condition did not improve. The re-audit, 12 months later, showed evidence of improvement, with full compliance against national guidelines being achieved.
- Clinical staff took part in local and national improvement initiatives. For example, during 2017, the practice had participated in a national asthma audit during 2017, and a local audit aimed at improving outcomes for patients requiring palliative care.

The most recent published Quality Outcome Framework (QOF) results for the practice showed they had obtained 100% of the total number of points available, compared to the local CCG average of 99% and the national average of 95.5%. The overall exception reporting rate was 8.8% compared to the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The QOF results showed that a small number of clinical indicators had higher than average exception reporting rates. However, our review of the practice's systems and processes indicated that they had appropriate patient recall processes in place and were taking action to improve these arrangements. During 2017, the practice had introduced a new approach to providing reviews for patients with long-term conditions. They told us this had increased the number of appointments available, enabled the provision of longer appointments where appropriate, and helped to ensure better continuity of care and treatment. We found suitable systems and processes were in place to help staff improve the practice's QOF performance. These included: having a lead clinician to oversee QOF performance; using pop-up alerts on the clinical system to remind staff to complete outstanding clinical tasks; carrying out QOF-related audits to improve patient outcomes.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included administering immunisation, and taking samples for the cervical screening programme, had received specific training and could demonstrate how they stayed up to date with current guidance.

- The practice understood the learning needs of staff and provided protected time and appropriate training to meet them. Up-to-date records of staff's skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with staff with on-going support. This included providing effective induction, appraisals, coaching and mentoring for staff carrying out extended roles, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.
- There was a clear approach for supporting and managing staff who were underperforming.

Coordinating care and treatment

Staff worked together and with other health and social care professionals, to deliver effective care and treatment.

- Clinical staff were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, for example, when they referred to, and discharged from, hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end-of-life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. For example, the practice kept a list of patients requiring end of life care and operated a traffic light system, to help ensure patients' needs were identified and met. Data relating to the needs of patients with end-of-life care was reviewed by the practice's palliative care lead and shared with other services to promote learning and improved outcomes for patients.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in need of palliative care, patients at risk of developing a long-term condition and patients who were also carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff ensured any changes to care or treatment were discussed with patients and their carers.
- The practice supported national priorities and initiatives to improve the population's health. This included, for example, the promotion of smoking cessation and initiatives to tackle obesity.

Consent to care and treatment

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

- Clinicians understood and followed the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice had a process for seeking consent. However, arrangements were not in place to carry out routine audits, to monitor staff's compliance.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues, or appeared distressed, they could offer them a private room to discuss their needs.
- All of the 11 patient Care Quality Commission comment cards we received were positive about the care and treatment patients received. This was in line with the results of the NHS Friends and Family Test (FFT) and other feedback received by the practice. Recent results showed 95.7% of patients would recommend the service to family and friends.

Results from the annual National GP Patient Survey of the practice, published in July 2017, showed patients felt they were treated with compassion, dignity and respect. (221 surveys were sent out and 116 were returned. This represented approximately 2% of the practice population.) The practice was above average for all of its satisfaction scores relating to consultations with GPs and nurses. Of the patients who responded to the survey:

- 98% said the last GP they saw or spoke to was good at listening to them, compared with the local clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 98% said the last GP they saw or spoke with gave them enough time, compared with the local CCG average of 90% and the national average 86%.
- 100% said they had confidence and trust in the last GP they saw or spoke to, compared to the local CCG average of 97% and the national average of 95%.
- 98% said the last GP they spoke to was good at treating them with care and concern, compared to the local CCG average of 90% and the national average of 86%.
- 99% said the nurse was good at listening to them, compared to the local CCG average of 94% and the national average of 91%.
- 98% said the nurse gave them enough time, compared with the local CCG average of 94% and the national average of 92%.
- 100% said they had confidence and trust in the last nurse they saw or spoke with, compared to the local CCG average of 99% and the national average of 97%.
- 100% said the last nurse they saw or spoke to was good at treating them with care and concern, compared to the local CCG average of 93% and the national average of 91%.
- 96% said they found the receptionists at the practice helpful, compared to the local CCG average of 89% and the national average of 87%.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. Evidence obtained during the inspection indicated the practice had systems and processes in place to meet the needs of patients who have a disability, impairment or sensory loss. Although staff were not familiar with the Accessible Information Standard (AIS), the practice manager took immediate action following the inspection, to review AIS guidance and, with input from their team, updated the practice's new patient registration form. They also told us that monitoring the practice's compliance with the AIS standard would be carried out by adding a standing agenda item to staff and patient participation group meetings. (The AIS is a requirement to make sure that patients and their carers can access and understand the information they are given.)

Interpretation services were available for patients who did not have English as a first language. There was a notice in the reception area informing patients this service was available. Information about how to access care was available on the practice's website, in a variety of languages.

- Staff communicated with patients in a way that they could understand. For example, they had obtained easy to read materials from the local learning disability team, to help them communicate effectively with patients who have a learning disability.

Good

Are services caring?

- The practice's carers' champion helped carers find further information and access community and advocacy services, where this was appropriate.

The practice had taken steps to identify patients who were carers. For example, the new patient information form asked patients to indicate if they were also carers. The practice's computer system alerted clinicians if a patient was also a carer. The practice had identified 111 patients as carers (1.9% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. The practice's website signposted patients to the local carers' group, to help ensure they had the support they needed to access local services.
- Staff told us that if families had experienced bereavement, their usual GP contacted them by telephone, and visited where this was appropriate. The practice had sought advice from the practice's patient participation group about also sending a sympathy card, but members felt this was too problematic, and a decision was made not to proceed with this idea.

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 above all of the local CCG and national averages. Of the patients who responded:

- 98% said the last GP they saw was good at explaining tests and treatments, compared with the local CCG average of 90% and the national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care; compared with the local CCG average of 87% and the national average of 82%.
- 98% said the last nurse they saw was good at explaining tests and treatments, compared with the local CCG average of 91% and the national average 90%.
- 96% said the last nurse they saw was good at involving them in decisions about their care, compared with the local CCG average of 88% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998. The practice had completed the NHS Information Governance toolkit, to help them assess the systems and processes they had in place to keep information safe. The practice had obtained a satisfactory rating. Patient information leaving the surgery was transported using encrypted media and all computers had been password protected.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, by providing online services which allowed patients to request repeat prescriptions and book appointments in advance. Extended opening hours were provided to offer patients greater flexibility when booking appointments.
- The practice improved services where possible in response to unmet needs. For example, when appropriate, members of the nursing team undertook routine blood testing for those patients who were on the practice's housebound register and had been prescribed blood thinning medicines to ensure they continued to be prescribed the righ dose of medicine to meet their needs.
- The facilities and premises were appropriate for the services the practice delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, they hosted an in-house hearing aid clinic to help avoid patients having to travel for minor equipment problems. Older patients were also able to access outpatient appointments with a Care of the Elderly consultant, thereby avoiding further need for travel.
- Care and treatment for patients with multiple long-term conditions, and patients approaching the end of their lives, was coordinated with other services.

Older people:

- All patients aged 75 and over had a named GP who supported them in whatever setting they lived.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- There was a dedicated emergency option on the practice's telephone line so patients with a medical emergency could access urgent care.
- The practice identified those patients who were unable to safely manage their medication and who might benefit from using a dosette box. They shared this information with the local pharmacist.
- The practice was contracted to provide daily GP ward rounds at the local community hospitals. As part of this agreement, the GPs were able to directly admit patients who required in-patient care.

People with long-term conditions:

- One-stop chronic disease clinics were provided for patients with specific types of long-term conditions, to help reduce the number of times they had to attend the practice.
- Patients with a long-term condition received an annual review to check their health and medicine needs were being appropriately met. Consultation times were flexible, if patients were unable to attend specific clinics.
- A range of healthcare specialists provided clinics at the practice, so that patients could access care and treatment closer to home. These included a smoking cessation clinic, a diabetic screening clinic, a clinic for patients who had Parkinson's disease and a stoma clinic.
- The practice held regular meetings with local community health staff such as the local district nursing team, to discuss and manage the needs of patients with complex medical needs.

Families, children and young people:

- Systems were in place which helped to identify and follow up children living in disadvantaged circumstances who were at risk. For example, clinicians followed up children and young people who failed to attend planned appointments.
- Parents calling with concerns about a child under the age of 18 were able to access clinical advice and support, and were offered a same-day appointment when necessary.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Child immunisation clinics were held and arrangements were in place to follow up children who failed to attend for immunisations. Audits were also carried out to help make sure no child fell through the safety net.
- Weekly midwife-led, pre-natal clinics were held at the practice and the GPs provided the post-natal six- weekly checks.
- Family planning clinics held and patients could access long-acting contraception and coils provided by one of the GPs.
- Young people could access relevant information either in the practice or on their website. A young patient's suggestions/comments box was available in the waiting room, to help encourage them to provide feedback about their experience of using the practice.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, patients were able to access extended hours appointments provided by the local GP federation, of which the practice was a member. Telephone consultations were provided to make it easier for working patients to access clinical advice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability or mental health needs.
- Where clinicians judged that patients had complex needs, an emergency healthcare plan was put in place. Concerns about the wellbeing of vulnerable patients were identified prior to, and discussed at, the practice's multi-disciplinary meeting, to help ensure they were receiving appropriate care from the right professionals.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs, including patients living with dementia.
- The practice used a dementia quality toolkit to help staff identify patients who had not been previously identified as having dementia, and who might therefore not be receiving appropriate care and treatment. Data supplied by the practice demonstrated that the audit work they had carried out in the previous eight months had led to improvements in patients' care. Eight new patients had been identified as having dementia and eleven patients had been invited for a GP assessment, to review their wellbeing.
- Patients with mental health needs, including those with dementia, were offered an annual review and, where appropriate, referred to mental health services. Information about how to access mental health services was available on the practice's website. In addition, various mental health support organisations held clinics at the practice, to provide patients with easier access to psychological treatment and support.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. Emergency appointment slots were available each morning and a 'Sit and Wait' clinic was provided each afternoon by a duty doctor. We looked at the practice's appointments system in real-time on the afternoon of the inspection. We found there was capacity for patients to be seen by the duty doctor later in the afternoon of the day of the inspection. Routine GP and nurse appointments were usually available within 48 hours.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the annual National GP Patient Survey of the practice, published in July 2017, showed that patients' satisfaction with how they could access care and treatment, was above all of the local and national averages. This was supported by observations on the day of inspection and in the feedback from patients who had

Good

Are services responsive to people's needs?

(for example, to feedback?)

completed Care Quality Commission comment cards. Two hundred and twenty-one surveys were sent out and 116 were returned. This represented about 2% of the practice population. Of the patients who responded to the survey:

- 83% were satisfied with the practice's opening hours, compared with the local clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 95% said they could get through easily to the practice by telephone, compared with the local CCG average of 76% and the national average of 71%.
- 97% said that the last time they wanted to speak to a GP or nurse they were able to get an appointment, compared with the local CCG average of 86% and the national average of 84%.
- 95% said their last appointment was convenient, compared with the local CCG average of 83% and the national average of 81%.
- 92% described their experience of making an appointment as good, compared to the local CCG average of 74% and the national average of 73%.
- 69% said they don't normally have to wait too long to be seen, compared to the local CCG average of 67% and the national average of 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately, to improve the quality of care.

- Information about how to make a complaint or raise concerns was available at the practice and on their website. The practice's systems and processes made it easy for patients to raise concerns. For example, the practice's website included a facility which enabled patients to leave comments/suggestions.
- The practice's complaint policy and procedures were in line with recognised guidance. Two complaints had been received during the previous 12 months. We reviewed one of these and found it had been satisfactorily handled in a timely way. There were no learning actions from either of these two complaints.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges they were facing and were taking steps to address them.
- Leaders were visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, action was already being taken to plan for the recruitment of a new partner, in advance of a senior member of staff's retirement mid-2018.

Vision and strategy

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

- Leaders had a clear vision of what they wanted to achieve at the practice. Staff told us the plans for maintaining and developing the quality of services delivered by the practice, had been developed during team training days. A copy of the practice's statement of aims and objectives had been placed in each room, to make it more accessible to staff.
- The practice did not have a documented, supporting business plan in place to support staff in achieving their priorities. However, leaders monitored progress in meeting the practice's vision and supporting priorities during the regular GP partner meetings that were held.
- Staff were aware of and understood the practice's vision, values and strategy, and their role in achieving them.

Culture

The practice had a culture of high-quality sustainable care.

- Staff said they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients and demonstrated this through their good Quality and Outcomes Framework (QOF) performance.
- Leaders took action in relation to performance that was not consistent with the vision and values.
- The provider was aware of, and had systems to ensure compliance with, the requirements of the duty of candour.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, the practice had shared ten incidents via the local Safeguarding and Incident Management System, to help ensure lessons could be learned outside of the practice, when patients did not receive high-quality sustainable care. Where appropriate, patients raising complaints received an honest and open response.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that their concerns would be addressed.
- There were processes for providing all staff with opportunities for development. All staff had received an appraisal in the last year. Where relevant, staff were supported to meet the requirements of professional revalidation.
- All clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity and the majority of staff had completed training in this area. The practice manager had recently completed gender reassignment training, to help improve how the practice delivered care and support to transgender patients.
- There were positive relationships between staff and the other clinical healthcare staff working on the premises.

Are services well-led?

Good

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

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. For example, the practice had an annual programme of meetings for staff at all levels within the organisation. This helped to ensure staff were clear about their roles and responsibilities and were supported to carry these out. Regular GP partner meetings were held, to ensure the practice was continuing to operate safely and effectively.
- The governance and management of joint working arrangements and shared services promoted co-ordinated person-centred care. For example, suitable arrangements were in place to monitor additional contracts held by the practice.
- Staff were clear about their roles and accountabilities, including in respect of safeguarding and infection prevention and control.
- Practice leaders had put in place effective policies, procedures and activities to ensure safety and they monitored these to make sure they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks, including risks to patient safety.
- The practice had processes to manage current and future performance. The practice could demonstrate the effective performance of their clinical staff by, for example, the results of the audits of prescribing practice they had carried out.
- The practice manager had effective oversight of Medicines and Healthcare Products Regulatory Agency alerts, incidents, and complaints, and ensured actions were undertaken by the relevant staff.
- The practice's clinical audits had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place to help them deal with a range of emergencies.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to improve performance. For example, the practice had systems in place to help them identify any areas of QOF under-performance. Leaders used this information to help them manage resources, direct staff activity and deliver improved care and treatment for their patients.
- Staff meetings were used to discuss the quality and sustainability of the services the practice provided. All staff were encouraged to be involved in these discussions.
- Information used by staff used monitor the practice's performance and the delivery of quality care, was accurate and useful. Where staff identified weaknesses, they took action to address these.
- The practice used information technology (IT) systems to monitor and improve the quality of care. For example, the practice's IT systems enabled patients to request repeat prescriptions online or book appointments. The clinical records system supported staff to carry out patient searches and audits, to help ensure they were receiving effective care.
- The practice submitted data or notifications to external organisations as required. For example, staff submitted prescribing data to the local clinical commissioning group (CCG), to provide evidence of compliance with locally agreed targets.
- There were effective arrangements in place for managing the availability, integrity and confidentiality of patient identifiable data, and these were in line with data security standards. For example, the practice had completed the NHS Information Governance (IG) toolkit, for 2016-2017, and achieved a satisfactory rating. (The IG

Are services well-led?

Good

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

toolkit requires GP practices to self-assess their information governance in a variety of areas such as, for example, confidentiality, data protection assurance and information security assurance.)

Engagement with patients, the public, staff and external partners

The practice involved patients, staff and external partners, to support high-quality sustainable services.

- Patients were encouraged to express their views and these were listened to. There was an active patient participation group (PPG) which met approximately every three months. Although the PPG had a clear constitution, including a set of aims and objectives, the PPG member we spoke with was unclear as to the purpose of the group. In 2014, the PPG contributed to the patient survey that was carried out and to the subsequent improvement plan that was put in place. More recently, staff had consulted the PPG about sending bereavement cards to patients who had suffered bereavement and they acted on the feedback they received. We noted that agendas and minutes of PPG meetings were not routinely uploaded on to the practice's website. Doing this would help make the work carried out by the PPG more accessible to the wider patient population.
- Staff's views and opinions were obtained via staff meetings and through the practice's appraisal system. Staff said their feedback was encouraged, valued and acted on.
- The practice sought the views of their external partners, to help shape their services and workplace culture. For example, arrangements were in place for staff to receive feedback in relation to the additional services they provided, such as the GP ward rounds they undertook at the local community hospital.
- The practice was transparent, collaborative and open with the local CCG and other stakeholders about their performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. For example, the practice provided staff with access to four half-day training sessions each year. As part of these arrangements, external speakers were invited to speak on clinical topics. Training relevant to the roles and responsibilities of administrative staff was also provided during these sessions.
- Staff knew about improvement methods and had the skills to use them. For example, the practice had systems in place to support clinical staff to access evidence-based clinical guidelines and use of clinical pathways.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements. Where patients had received less-than-good care and treatment from other services, the practice shared these incidents externally, to promote learning across the whole healthcare system.