

Woodlands Road Surgery

Quality Report

6 Woodlands Road
Middlesbrough
TS1 3BE

Tel: 01642 247982

Website: www.drmurphyandpartners.co.uk

Date of inspection visit: 15 November 2016

Date of publication: 01/03/2017

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodlands Road Surgery on 15 November 2016. We visited the main surgery on Woodlands Road, we did not visit the Acklam Road branch surgery during the inspection. The practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were able to get same day appointments and pre bookable appointments were available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had an active virtual Patient Reference Group which worked with the practice to make improvements.

We saw an area of outstanding practice;

- The practice operated a same day 'Dr First' appointment system. Each clinician managed their

Summary of findings

workflow from their telephone triage screen and appointments were booked throughout the day from 8am to 6pm. Since the introduction of the Dr First system the practice performance for unplanned admissions and attendance at A/E had improved. Before the system was introduced in January 2013 the practice was ranked seventh out of 22 for overall spend with 22 being the lowest spend practice, this included costs for unplanned admissions and attendance at A/E. At the end of October 2016 the practice was ranked 20 out of the 22 practices for overall spend; this included a reduction in the number of unplanned admissions and A/E attendances.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Implement a planned clinical audit programme to ensure audit cycles are completed.
- Monitor the process for seeking consent for minor surgery procedures.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were comparable to or above the local CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national survey showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We observed a patient-centred culture.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

- There was a carer's register and information was available on the practice website and in the waiting room for carers on support services available for them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care. Urgent appointments were available the same day.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- The practice operated a same day 'Dr First' appointment system. Each clinician managed their workflow from their telephone triage screen and appointments were booked throughout the day from 8am to 6pm.
- Since the introduction of the Dr First system the practice performance for unplanned admissions and attendance at A/E had improved. Before the system was introduced in January 2013 the practice was ranked seventh out of 22 for overall spend with 22 being the lowest spend practice, this included costs for unplanned admissions and attendance at A/E. At the end of October 2016 the practice was ranked 20 out of the 22 practices for overall spend; this included a reduction in the number of unplanned admissions and A/E attendances.
- 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. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

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. Patients over the age of 75 had a named GP.
- The practice had assessed the older patients most at risk of unplanned admissions and had developed care plans which were regularly reviewed.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked collaboratively with other Middlesbrough practices to immunise patients requiring flu vaccines in nursing homes. The nursing homes in their geographical area were distributed evenly amongst the practices that took part, thus eliminating the need for the practice staff to visit every home. This ensured patients received the vaccine early on in the campaign.
- The practice was involved in the 'Ageing Better in Middlesbrough Scheme'. This was tackling loneliness and providing activities that people could get involved with, for example, reading groups, community walks and café meetings. One staff member had attended workshops at the local university to learn about the scheme so they could promote it with their patients. Information was displayed in the practice and had been shared with the Patient Reference Group lead.
- Nationally reported data for 2015/2016 showed that outcomes were good for conditions commonly found in older people. For example, performance for heart failure indicators was 100%; compared to the local CCG average of 94% and the England average of 98%.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2015/2016 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients with diabetes, on the register, whose

Summary of findings

last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 85%. This was comparable to the local CCG average of 83% and the England average of 80%.

- Longer appointments and home visits were available when needed.
- Patients with LTCs had a named GP and a structured annual review to check that their health and medicines needs were being met. For those patients with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Practice nurses visited patients at home to do long term conditions reviews and administer flu vaccinations during the flu season.
- Patients presenting with suspected blood clots were assessed in the surgery in a timely manner using the d-dimer blood testing strips, this ensured any treatment needed was administered quickly.

Families, children and young people

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

- 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 or who failed to attend hospital appointments.
- Immunisation rates were high for all standard childhood immunisations. Data from 2015/2016 showed immunisation rates were comparable to the local CCG average and above the England national average. For example, rates for immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 89% to 100% compared to 86% to 98% for the local CCG and 73% to 95% for the England national average.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- Nationally reported data from 2015/2016 showed the practice's uptake for the cervical screening programme was 80%. This was comparable to the local CCG average of 83% and the England average of 81%.
- The practice had worked with the Middlesbrough Public Health team to increase take up of cervical smears for eligible patients. Working groups were set up and leaflets, large

Good



Summary of findings

banners and posters were displayed in reception to encourage ladies to come for a smear test. This targeted particular groups, for example ladies from ethnic minority groups and younger patients.

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Combined appointments with the GP and practice nurse were arranged at eight weeks post-delivery. This enabled the mother's post-natal check and baby's first immunisations to be carried out in one appointment and avoided having to visit twice.
- We saw good examples of joint working with midwives, health visitors and school nurses. The practice monitored any non-attendance of babies and children at vaccination clinics. The practice nurses contacted the parents of children who did not attend for vaccinations and worked with the health visiting service to follow up any concerns.

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 the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were available every day with a call back appointment arranged at a time to suit the patient, for example during their lunch break.
- Extended hours appointments were available with GPs, nurse practitioners, practice nurses and the trainee HCA outside of working hours. Two early morning clinics and two evening clinics were available and additional clinics were planned for January 2017.
- Family planning clinics, minor surgery and joint injections were provided at the practice so patients did not have to attend hospital to access these services.
- The practice offered a range of sexual health services where patients could get advice and treatment, for example contraception.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



Summary of findings

- The practice had worked with the local university and co-ordinated the attendance of Middlesbrough GP practices at fresher's events and at international student enrolment events. Practice staff gave presentations in the lecture hall at the university to international students. They informed students about NHS services available, health promotion about sexual health and the availability of the meningitis vaccine.

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 registers of patients living in vulnerable circumstances which included those with a learning disability.
- The practice offered longer appointments for people with a learning disability.
- There was a nurse practitioner lead for patients with a learning disability. They ensured where necessary patients had annual reviews, were monitored regularly and care plans were in place where required.
- Nursing staff used easy read leaflets to assist patients with learning disabilities to understand their treatment.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Telephone interpretation services were available and information leaflets in different languages were provided in the waiting room.

Good



People experiencing poor mental health (including people with dementia)

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

- Nationally reported data from 2015/2016 showed 100% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was above the local CCG average of 85% and England average of 84%.

Good



Summary of findings

- The practice carried out advanced care planning for patients with dementia.
- Nationally reported data from 2015/2016 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 95%. This was comparable to the local CCG average of 93% and above the England average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- There was a nurse practitioner lead for patients experiencing mental health issues. They ensured where necessary patients had annual reviews, were monitored regularly and care plans were in place.
- The practice hosted counselling sessions for patients who needed support with mental health issues.

Summary of findings

What people who use the service say

The National GP patient survey results published in July 2016 showed 295 survey forms were distributed for Woodlands Road Surgery and 113 forms were returned, a response rate of 38%. This represented 1% of the practice's patient list. The practice was performing similar to or above the CCG and national average for 19 of the 23 questions. For example:

- 74% found it easy to get through to this surgery by phone compared with the local CCG average of 74% and national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared with the local CCG and national average of 85%.
- 51% usually get to see or speak to their preferred GP compared with the local CCG average of 58% and national average of 59%.
- 83% described the overall experience of their GP surgery as good compared with the local CCG average of 87% and national average of 85%.
- 73% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 77% and national average of 78%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We received 28 completed comment cards which were generally very positive about the standard of care received. Patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as very good and said staff were friendly, caring, listened to them and provided advice and support when needed. Three patients commented that staff could be rude and three patients commented that it could be difficult to get appointments with a GP.

We spoke with two members of the patient reference group (PRG) and received questionnaires that were completed during the inspection from nine patients who used the service. They were also generally positive about the care and treatment received and patients said they were able to get same day appointments when they needed them. Patients commented that they may have to wait a few weeks to make an appointment in advance.

Feedback on the comments cards and from patients we spoke with reflected the results of the national survey. Patients were satisfied with the care and treatment received.

Areas for improvement

Action the service **SHOULD** take to improve

- Implement a planned clinical audit programme to ensure audit cycles are completed.
- Monitor the process for seeking consent for minor surgery procedures.

Outstanding practice

We saw an area of outstanding practice:

- The practice operated a same day 'Dr First' appointment system. Each clinician managed their workflow from their telephone triage screen and appointments were booked throughout the day from 8am to 6pm. Since the introduction of the Dr First system the practice performance for unplanned admissions and attendance at A/E had improved.

Before the system was introduced in January 2013 the practice was ranked seventh out of 22 for overall spend with 22 being the lowest spend practice, this included costs for unplanned admissions and attendance at A/E. At the end of October 2016 the practice was ranked 20 out of the 22 practices for overall spend; this included a reduction in the number of unplanned admissions and A/E attendances.

Woodlands Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector and included a GP Specialist Advisor.

Background to Woodlands Road Surgery

Woodlands Road Surgery, 6 Woodlands Road, Middlesbrough TS1 3BE is located close to the town centre in Middlesbrough. There is pay and display car parking available on the road in front of the practice. The practice is located in an adapted property with disabled access and consulting and treatment rooms available on the ground floor. There is one branch site, Acklam Road Surgery, 283 Acklam Road, Middlesbrough TS5 7BP which is located in a residential area three miles from the Woodlands Road Surgery. There is disabled access and all consulting and treatment rooms are on the ground floor. This site was not visited during the inspection. The practice is moving to a new purpose built surgery in May 2017 and all services will be delivered from one site.

The practice provides services under a General Medical Services (GMS) contract with the NHS Durham, Darlington And Tees Area Team to the practice population of 9300, covering patients of all ages.

The proportion of the practice population in the 65 years and over age group is slightly higher than the local CCG and the England average and in the under 18 age group is slightly below the local CCG and the England average. The practice scored two on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice has three GP partners, all full time. There are two male GPs and one female GP. There is a full time practice manager who is also a management partner. There are two nurse practitioners both full time and both female. There are three practice nurses, one trainee health care assistant and a phlebotomist, all part time and all female. There is a deputy practice manager and a team of administrators, secretaries and receptionists.

The Woodlands Road Surgery is open between 8am and 6pm on Monday, Tuesday Thursday and Friday and 8am to 7.30pm on Wednesday. The practice operates a same day appointment system. Each clinician manages their workflow from their telephone triage screen and appointments are booked throughout the day from 8am to 6pm.

The Acklam Road Surgery is open between 8am and 5pm Monday, Tuesday and Friday, 7am to 5pm on Wednesday and 7am to 7.30pm on Thursday. The same day appointment system also operates at Acklam Road therefore appointments are booked throughout the day when the practice is open.

Information about the opening times is available on the website and in the patient information leaflet.

The practice, along with all other practices in the South Tees CCG area have a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm. This has been agreed with the NHS England area team.

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patients use the NHS 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

The practice is a training practice for student nurses.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out an announced inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on the 15 November 2016 and visited the Woodlands Road Surgery; we did not visit the branch surgery at Acklam Road. During our visit we:

- Spoke with a range of staff including one GP, a nurse practitioner, a practice nurse and the trainee health care assistant. We also spoke with the practice manager/ managing partner, the deputy practice manager, administration, secretarial and reception staff.
- Reviewed questionnaires from non clinical staff that they completed and returned to CQC prior to the inspection.
- Spoke with two members of the patient reference group (PRG) and received completed questionnaires from nine patients who used the service.
- Reviewed 28 comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was 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).
- Patients affected by incidents received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events, however we noted a more detailed analysis was required for some incidents. This would enable the practice to identify all causes and the actions required to minimise the risk of it happening again.
- Significant events were agenda items on the clinical and administration team meetings and there was evidence that lessons learned were shared with staff.

Following incidents action was taken to improve safety in the practice. For example, following an incident when the vaccine refrigerator was switched off in error the practice placed larger signs next to the sockets telling staff not to switch off and a check of the vaccine refrigerator was added to the end of day checklist to minimise the risk of a recurrence.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Safety alerts were disseminated to staff and action taken documented.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures 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 GP for safeguarding and they met with the health visitor regularly to discuss any patients who were identified as at risk. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and staff told us they had received training relevant to their role. The GPs and nurse practitioners were trained to child protection or child safeguarding level three.

- Information telling patients that they could ask for a chaperone if required was visible in the waiting room and on the practice website. 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the nurses was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Infection control monitoring was undertaken throughout the year and hand hygiene audits completed. Infection control audits had been completed in January 2016 and July 2016. Action was taken to address any improvements identified.
- The arrangements for managing medicines, including emergency medicines and vaccines, 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. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient group directions (PGDs) and patient specific directions (PSDs) had been adopted by the practice to allow nurses and the health care assistant to administer

Are services safe?

certain medicines; for example vaccines and flu immunisations. (PGDs and PSDs are written instructions that have been produced in line with legal requirements and national guidance and contain specific criteria that nurses and HCAs must follow when administering certain medicines). Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.

- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice recruitment policy stated a record of interviews would be kept, however we saw no evidence of this in two of the files we looked at.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available and a poster with details of responsible people. The practice had completed a fire risk assessment review in the last 12 months and carried out fire drills. Staff were aware of what action to take in the event of a fire.
- 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, infection control and legionella.

- Some areas of the practice where administration staff worked were in need of refurbishment. However this was not been undertaken as the practice was scheduled to move into their new purpose built premises in May 2017.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for the different staff groups to ensure that enough staff were on duty. Staff told us they provided cover for sickness and holidays and locums were engaged when required.

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 basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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.
- There was a first aid kit and accident book available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/2016 showed the practice achieved 99% of the total number of points available compared to the local CCG average of 94% and national average of 95%. The practice had 10% clinical exception reporting compared to the local CCG average of 11% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed;

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 85%. This was comparable to the local CCG average of 83% and the England average of 80%.
- The percentage of patients with asthma, who had had an asthma review in the preceding 12 months that included an assessment of asthma control, was 83%. This was above the local CCG average of 77% and the England average of 75%.

- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had had a review, undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months was 94%. This was comparable to the local CCG average of 90% and the England average of 90%.
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 100%. This was above the local CCG of 85% and the England average of 84%.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, three of these were a completed audit cycle where improvements had been identified and implementation and on-going monitoring commenced. The practice had also undertaken quality monitoring, for example the use of high risk drugs. There was no plan in place to ensure effective and appropriate audits were undertaken which would include the four stages required and contribute to the on-going improvement of outcomes for patients.
- The practice participated in applicable local audits, national benchmarking and accreditation. For example, the practice had done antibiotic prescribing benchmarking and as a result antibiotic prescribing had improved and costs reduced.

Findings were used by the practice to improve services. For example, audits had been done to check if the blood results for patients taking Warfarin (a medicine that thins the blood) were within the recommended range. Following the audits if necessary patients were changed to different medicines to improve their control and maintain their blood results within the recommended range and in line with current guidance.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for

Are services effective?

(for example, treatment is effective)

example, for those reviewing patients with long-term conditions. Nursing staff had completed training in diabetes, heart failure and respiratory disease. Staff told us that they were given opportunities to attend training if needed. For example, members of the nursing team had completed minor illness training and healthy health and lung training to enable them to undertake health checks. Two of the practice nurses were completing a Sexual Health Course master class.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during staff meetings, 1:1s, appraisals, peer supervision and support for the revalidation of the GPs and nurses.
- 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. Staff had completed mandatory training, for example; infection control, safeguarding and fire.

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.
- The practice shared relevant information 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 on-going 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 quarterly and care plans were routinely reviewed and updated.

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Staff had completed MCA training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. Minor surgery audits had been completed. However the process for seeking consent had not been monitored through records or minor surgery audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems. Patients were then signposted to the relevant service.
- The practice referred and sign posted patients who needed support for alcohol or drug problems to local counselling services.
- There were a variety of health promotion information leaflets available in the waiting area for patients to access.

The practice had a comprehensive screening programme. Nationally reported data from 2015/2016 showed the practice's uptake for the cervical screening programme was 80%. This was comparable to the local CCG average of 83% and the England average of 81%. Nursing staff used easy

Are services effective?

(for example, treatment is effective)

read leaflets to assist patients with learning disabilities to understand the procedure. The practice sent written reminders to patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice had worked with the Middlesbrough Public Health team to increase take up of cervical smears for eligible patients. Working groups were set up and leaflets, large banners and posters were displayed in reception to encourage ladies to come for a smear test. This targeted particular groups, for example ladies from ethnic minority groups and younger patients.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from 2015/2016 showed childhood immunisation rates for vaccinations given were comparable to the local CCG average and above the England national average. For example, rates for immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 89% to 100% compared to 86% to 98% for the local CCG and 73% to 95% for the England national average.

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. Nationally reported data from 2015/2016 showed the percentage of patients aged 45 or over who had a record of blood pressure in the preceding five years was 91%, this was comparable to the local CCG average of 92% and England average of 91%. 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 and they were treated with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them the opportunity to discuss their needs in private. There was a notice at reception informing patients a private room was available if required.
- Information on chaperones was displayed in the waiting area, consulting rooms and on the practice website. The practice chaperone policy was available on the website.
- The palliative care lead rang patients regularly to check how they were and ask if any further support was needed.

Feedback from the 28 patient CQC comment cards we received was generally very positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient reference group (PRG) and received questionnaires that were completed during the inspection from nine patients who used the service. They were also very positive about the care and treatment received.

Results from the national GP patient survey published in July 2016 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice results were comparable to the local CCG and national average regarding how they were treated by the GPs, nurses and receptionists. For example:

- 91% said the last GP they saw was good at giving them enough time compared to the local CCG average of 89% and national average of 87%.
- 96% said the last GP they saw was good at listening to them compared to the local CCG average of 90% and national average of 89%.
- 86% said the last GP they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 87% and national average of 85%.
- 99% said they had confidence and trust in the last GP they saw or spoke to compared to the local CCG average of 96% and national average of 95%.
- 93% said the last nurse they saw or spoke to was good at giving them enough time compared to the local CCG average of 94% and national average of 92%.
- 93% said the last nurse they saw or spoke to was good at listening to them compared to the local CCG average of 95% and national average of 91%.
- 90% 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 national average of 91%.
- 99% said they had confidence and trust in the last nurse they saw or spoke to compared to the local CCG average of 98% and national average of 97%.
- 91% said they found the receptionists at the practice helpful compared to the local CCG average of 89% and national average of 87%.

The percentage of patients in the GP patient survey that said the GP was poor or very poor at giving them enough time and listening to them was 0%; compared to the local CCG and national average of between 3% and 4%. The percentage of patients in the GP patient survey that said the nurse was poor or very poor at giving them enough time and listening to them was 2%; compared to the local CCG average of 1% and national average of 2%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed

Are services caring?

decision about the choice of treatment available to them. Patient feedback from the comment cards and questionnaires we received was also very positive and aligned with these views.

Results from the national GP patient survey published in July 2016 showed patients responded fairly positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to the local CCG and national average for questions about GPs and below the local CCG and national average for nurses. For example:

- 90% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 88% and national average of 86%.
- 79% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 84% and national average of 82%.
- 85% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 91% and national average of 90%.
- 78% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 88% and national average of 85%.

The percentage of patients in the GP patient survey that said the GP was poor at explaining treatments and test results was 1%, compared to the local CCG and national

percentage of 3%. The percentage of patients in the GP patient survey that said the nurse was poor at explaining treatments and test results was 3%, compared to the local CCG and national average of 2%.

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

- Staff told us that translation 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. There was a selection of patient information leaflets available in different languages.

Patient and carer support to cope emotionally with care and treatment

There were links on the practice website to information about various support available for carers. There was also information available in the waiting room to direct carers to the various avenues of support available to them. This included support and resources for young carers.

The practice had identified 230 patients as carers; this was 2.4% of the practice list. Staff sign posted carers to local services for support and advice. The practice's computer system alerted staff if a patient was also a carer.

Staff told us that if families had suffered bereavement the practice contacted them and would arrange a visit if requested. The staff also offered support and signposted the patient/family to bereavement support groups and other agencies if appropriate. There was information on bereavement services available in the waiting room and on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances. There was a dedicated telephone number for patients on the unplanned care register to use so they could access advice from the practice promptly when required.

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

- There were longer appointments available for people with a learning disability and those experiencing mental health issues. There was a nurse practitioner lead for patients with a learning disability and those experiencing mental health issues. They ensured where necessary patients had annual reviews, were monitored regularly and care plans were in place where required.
- Appointments could be made on line, via the telephone and in person.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Urgent access appointments were available for children and those with serious medical conditions.
- A text messaging service was available to remind patients about their appointments and to give them health care information.
- Consulting and treatment rooms were accessible and there was an accessible toilet.
- There was no hearing loop available but staff would take patients to a private area or ask them to write things down if they had difficulty communicating.
- There was a facility on the practice website to translate the information into different languages.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Practice nurses visited patients at home to do long term conditions reviews and administer flu vaccinations during the flu season.
- The practice worked collaboratively with other Middlesbrough practices to immunise patients requiring flu vaccines in nursing homes. The nursing homes in their geographical area were distributed evenly amongst the practices that took part, thus eliminating the need for the practice staff to visit every home. This ensured patients received the vaccine early on in the campaign.
- The practice was involved in the 'Ageing Better in Middlesbrough Scheme'. This was tackling loneliness and providing activities that people could get involved with, for example, reading groups, community walks and café meetings. One staff member had attended workshops at the local university to learn about the scheme so they could promote it with their patients. Information was displayed in the practice and had been shared with the Patient Reference Group lead.
- The GPs held joint eight week mother and baby checks and immunisation clinics were held at the same time as the health visitor baby clinics, reducing the need for two appointments.
- Patients were able to receive travel vaccinations available on the NHS and the practice referred patients to services for those not available on the NHS.
- Minor surgery and joint injections were provided at the practice so patients did not have to attend hospital to access these services.
- The practice hosted counselling sessions for patients who needed support with mental health issues.
- One of the GPs had a special interest in Dermatology and provided assessment and treatment of skin conditions and lesions, this included minor surgery.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with the service was fairly positive; results were comparable to the local CCG and national average. This reflected the feedback we received on the day. For example:

- 83% described the overall experience of their GP surgery as good compared to the local CCG average of 87% and national average of 85%.

Are services responsive to people's needs?

(for example, to feedback?)

- 73% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 77% and national average of 78%.

Access to the service

The Woodlands Road Surgery was open between 8am and 6pm on Monday, Tuesday Thursday and Friday and 8am to 7.30pm on Wednesday. The practice operated a same day 'Dr First' appointment system. Each clinician managed their workflow from their telephone triage screen and appointments were booked throughout the day from 8am to 6pm.

The Acklam Road Surgery was open between 8am and 5pm Monday, Tuesday and Friday, 7am to 5pm on Wednesday and 7am to 7.30pm on Thursday. The 'Dr First' same day appointment system also operated at Acklam Road and appointments were booked throughout the day when the practice was open.

In addition pre-bookable appointments could be booked up to four weeks in advance. If patients needed to be seen urgently they would be provided with an appointment that day.

Information about the opening times was available on the website and in the patient information leaflet.

The practice regularly audited the Dr First appointment system to ensure it continued to meet patients' needs. We saw minutes of a meeting held in March 2016 where the practice had discussed capacity after an audit of the Dr First system.

Since the introduction of the Dr First system the practice performance for unplanned admissions and attendance at A/E had improved. Before the system was introduced in January 2013 the practice was ranked seventh out of 22 for overall spend with 22 being the lowest spend practice, this included costs for unplanned admissions and attendance at A/E. At the end of October 2016 the practice was ranked 20 out of the 22 practices for overall spend; this included a reduction in the number of unplanned admissions and A/E attendances.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was fairly positive. Results were comparable to the local CCG and national average. This reflected the feedback we received on the day. For example:

- 77% of patients were satisfied with the practice's opening hours compared to the local CCG average of 80% and national average of 76%.
- 74% found it easy to get through to this surgery by phone compared to the local CCG average of 74% and national average of 73%.
- 69% of patients described their experience of making an appointment as good compared to the local CCG average of 76% and national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG and national average of 85%.

The GPs and nurse practitioners used mobile phones to call patients back so the fixed telephone lines coming into the practice were freed up for incoming calls.

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.

When patients requested a home visit the details of their symptoms were recorded and then assessed by a GP. If necessary the GP would call the patient back to gather further information so an informed decision could be made on prioritisation according to clinical need. 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

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

- The practice 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.
- Information was available to help patients understand the complaints system in the complaints and patient information leaflets which were available in the waiting room. There was also a complaints poster in the waiting rooms and information on the practice website.

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

We looked at complaints and saw that 12 had been received in the preceding 12 months. We found the practice had dealt with them in a timely way and been open and transparent when reviewing them. For example, patients had difficulty getting through to the branch surgery on the phone. The practice put up posters at both sites and

information on the website and discussed it with the Patient Reference Group. This informed patients they could ring the Woodlands Road site if the branch surgery phone was engaged as staff had access to all their records and could deal with any queries.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed on the practice website; staff knew and understood the values.
- The practice had a strategy and business plan for the following 12 months which reflected their vision and values. This was closely linked to the re-location to the new purpose built surgery in May 2017.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit and monitoring was used to monitor quality and to make improvements.
- There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions. Action plans did not always contain details of who was responsible for taking the required action, a date for completion and progress.

Leadership and culture

The GP partners and management partner/practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners and management partner/practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

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). 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:

- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice kept records of written correspondence and verbal communication.

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

- Staff told us that regular team and clinical meetings were held. We noted there was a protected learning time session for all staff every three months.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the GPs and the management partner/practice manager. They described the relationship between staff as good and said all staff worked well as a team.
- All staff were involved in discussions about how to run and develop the practice. The GPs and management partner/practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- GP, nurse and admin leads had been identified for each clinical area, for example; mental health, diabetes and sexual health.
- Nursing staff were given protected time to carry out administration work and duties related to lead roles, for example infection control and stock control.

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

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

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the
- The practice communicated with the PRG members via e mails; however one member of the PRG met with the practice manager quarterly. Members of the PRG had attended a meeting where the plans for the new practice premises had been discussed.
- There was a designated PRG notice board in the waiting area. This had information about the group and encouraged new members to join. Information about the PRG was available in different languages.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us they felt involved and engaged to improve how the practice was run. For example, staff told us they had been involved in discussions about the design of the new practice premises.

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 looked to improve outcomes for patients. For example, We saw that cameras had been fitted in consulting rooms in preparation for the introduction of skype calls to assist in timely treatment of patients unable to attend the surgery.

Also the management partner/practice manager had discussed a software app that was available that may be useful to some patients and provide another choice of how to contact the practice. The app would link into the practice clinical system and allow patients the choice to request advice and/or an appointment via their telephone or computer etc. The app would ask a series of questions and the patient would complete the relevant information then send the request to the practice, the clinician would answer via the app as appropriate. All the clinicians were going to review a demonstration link with a view to considering its use in the future.