Dr Brigham and Dr Joseph

Quality Report

Villette Surgery
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Sunderland
Tyne and Wear
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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

We carried out an announced comprehensive inspection of Dr Brigham and Dr Joseph on 18 August 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- The practice carried out clinical audit activity and were able to demonstrate improvements to patient care as a result of this.
- Feedback from patients about their care was consistently positive. Patients reported that they were treated with compassion, dignity and respect. Patient feedback in relation to access was comparable with local clinical commissioning group and national averages.
- Patients were able to access same day appointments. Pre-bookable appointments were available within acceptable timescales.
- The practice had a number of policies and procedures to govern activity, which were reviewed and updated regularly.
- The practice had proactively sought feedback from patients and had an active patient participation group. The practice implemented suggestions for improvement and made changes to the way they delivered services in response to feedback.
- The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved an overall result which was higher than local and national averages.
- Information about services and how to complain was available and easy to understand.
- The practice had a clear vision in which quality and safety was prioritised. The strategy to deliver this vision was regularly discussed and reviewed.

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?

Good

The practice is rated as good for providing safe services.

Nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.

Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies.

The practice was clean and hygienic and good infection control arrangements were in place.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe.

Comprehensive staff recruitment and induction policies were in operation and staff had received Disclosure and Barring Service (DBS) checks where appropriate. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training.

Are services effective?

Good

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment and had received training appropriate to their roles.

Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with local clinical commissioning group (CCG) and national averages. The practice used the QOF as one method of monitoring effectiveness and had achieved 95.6% of the point's available (local CCG average 95.7% and national average 94.7%) for the period 2014/15 (the most recently published data).

Summary of findings

Achievement rates for cervical screening, influenza vaccination and the majority of childhood vaccinations were above or comparable with local and national averages. For example, at 83%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was slightly above the CCG average of 82% and national average of 82%. Childhood immunisation rates for the vaccinations given to two year olds ranged from 96.7% to 100% (compared with the CCG range of 96.2% to 98.9%). For five year olds this was consistently 100% (compared to CCG range of 31.6% to 98.9%).

There was evidence of clinical audit activity and improvements made to patient care and patient outcomes as a result of this.

Staff received annual appraisals and were given the opportunity to undertake both mandatory and non-mandatory training.

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Results from the National GP Patient Survey published in July 2016 were better than local CCG and national averages in respect of providing caring services. For example, 95% of patients who responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG average 89% and national average 89%) and 94% said the last nurse they saw or spoke to was good at listening to them (CCG average 94% and national average was 91%).

Results also indicated that 91% of respondents felt the last GP they saw or spoke with treated them with care and concern (CCG average 86% and national average of 85%). 99% of patients felt the nurses treat them with care and concern (CCG average 93% and national average 91%).

The practice identified carers and ensured they were offered an annual flu vaccination and signposted to appropriate advice and support services. At the time of our inspection they had identified 119 of their patients as being a carer (approximately 2% of the practice patient population).

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

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 and identified themes arising from them.

The practice's performance in relation to access in the National GP Patient Survey were comparable with local and national averages. For example, the most recent results (July 2016) showed that 74% of patients found it easy to get through to the surgery by phone (CCG average79%, national average 73%).

The practice was able to demonstrate that they continually monitored the needs of their patients and responded appropriately. The practice had become involved in a number of initiatives to improve services.

The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, they had installed a new telephone system which allowed more staff to take calls during peak periods in response to low patient satisfaction scores in relation to ease of being able to get through to the surgery by phone.

Are services well-led?

Good

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

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

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

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 practice had a business plan which documented priorities such as succession planning, staff recruitment and training.

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

Summary of findings

The practice proactively sought feedback from staff and patients, which it acted on. An active patient participation group was in operation

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

Good

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

Nationally reported Quality and Outcomes Framework (QOF) data for 2014/15 showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 95.6% of the points available to them for providing recommended care and treatment for patients with heart failure. This was comparable with the local clinical commissioning group (CCG) average of 95.7% and the England average of 94.7%.

The practice was participating in an enhanced service to reduce unplanned admissions to hospital and all clinical staff had received training in developing fully comprehensive emergency health care plans.

The practice was also participating in a local GP alliance initiative to ensure their patients had access to GP care at a local health centre when the surgery was closed. This operated from 6pm to 8am on weekdays and from 9am to 2pm on weekends

The practice had identified that 23% of their patient list was over the age of 65. Older people were offered vaccinations against influenza, pneumonia and shingles and were opportunistically screened for dementia and referred to a memory clinic if appropriate.

The practice was participating in a care home alignment project. The intention was that they would be allocated a main or link care home for whom they would provide care and support. This would be achieved by delivering a ward round approach and visiting the home on a regular basis.

People with long term conditions

Good

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

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

The QOF data (2014/15) showed the practice had achieved some good outcomes in relation to most of the conditions commonly associated with this population group. For example:

Summary of findings

- The practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was 2.9% above the local CCG average and 2.6% above the national average.
- The practice had obtained 100% of the points available to them in respect of hypertension (0.5% above the local CCG average and 2.2% above the national average).

However, the practice had scored below local and national averages for other conditions, including, for example:

- 91.7% for chronic kidney disease (4.1% below CCG and 3% below national averages)
- 92.0% for peripheral arterial disease (6% below CCG and 4.7% below national averages)
- 94.0% for rheumatoid arthritis (3.7% below CCG and 1.4% below national averages)

Patients with certain long term conditions such as asthma, chronic obstructive pulmonary disease and diabetes were supported in the self-management of their condition with the provision of comprehensive, individualised care plans.

Families, children and young people

Good

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

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

Appointments were available outside of school hours and the premises were suitable for children and babies. A system was in place to ensure childhood emergencies were seen the same day. Patients registered with the practice were able to access GP appointments at a local extended hours facility as part of a GP alliance initiative. This operated from 6pm to 8am on weekdays and from 9am to 2pm on weekends.

Summary of findings

Data available for 2014/15 showed that the practice childhood immunisation rates for the vaccinations given to two year olds ranged from 96.7% to 100% (compared with the CCG range of 96.2% to 98.9%). For five year olds this was a consistent 100% (compared to CCG range of 31.6% to 98.9%)

At 83%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was slightly higher than the CCG and national averages of 82%.

Pregnant women were able to access a full range of antenatal and post-natal services at the practice. The practice GPs carried out post-natal mother and baby checks.

Working age people (including those recently retired and students)

Good

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 met. The surgery was open from 8am to 6pm on a Monday, Tuesday, Wednesday and Friday (appointments from 8am to 12 midday and 2.30pm to 5.30pm) and from 8am to 5pm on a Thursday (appointments from 8am to 12 midday and 2.30pm to 5pm). Patients registered with the practice are also able to access GP appointments at the local extended hour's facility at a nearby health centre from 6pm to 8am weekdays and from 9am to 2pm on a Saturday and Sunday.

The practice offered contraception services, travel advice, an anti-coagulation clinic, childhood immunisation service, sexual health advice and long term condition reviews. They also offered new patient and NHS health checks (for patients aged 40-74).

The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. A text messaging service was available which was used to remind patients of their appointments. Pre-bookable telephone consultations were available.

People whose circumstances may make them vulnerable

Good

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

The practice held a register of patients living in vulnerable circumstances, including 52 patients who had a learning disability.

Summary of findings

Longer appointments were available for patients with a learning disability, who were also offered an annual health check and flu immunisation which were undertaken during a home visit if necessary.

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

The practice identified carers and ensured they were offered appropriate advice and support and an annual health check and flu vaccination.

Patients known to have experienced bereavement were sent a condolence card and sign posted to appropriate support services.

People experiencing poor mental health (including people with dementia)

Good

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

Nationally reported QOF data for 2014/15 showed the practice had achieved below local CCG and national averages for caring for patients with dementia, depression and mental health conditions:

- The practice had obtained 91.2% for dementia (CCG average 95.5% and national average 94.5%)
- The practice had obtained 92.6% for depression (CCG average 95.7% and national average 92.9%)
- Then practice had obtained 79.9% for mental heath indicators (CCG average 91.8% and national average 92.8%)

Practice management explained that they felt this had been due to only having one practice nurse who had been on sick leave for a period of time so they had been unable to carry out annual reviews of patients with these conditions. They had therefore appointed an additional practice nurse/nurse practitioner who was due to commence employment with the practice in September 2016 to prevent recurrence of this problem.

Patients experiencing poor mental health were signposted to various support groups and third sector organisations, such as local wellbeing and psychological support services. The practice patient participation group had arranged and hosted a dementia open day which had been attended by the local carers association and dementia support agencies.

Summary of findings

Patients were opportunistically screened for dementia and referred to the local memory service when appropriate

The practice was participating in a local CCG initiative to ensure patients who were intentionally self-harming were allocated a designated GP to ensure they were well supported and closely monitored.

Summary of findings

What people who use the service say

The results of the National GP Patient Survey published in July 2016 showed patient satisfaction was generally higher than the local clinical commissioning group and national averages. 246 survey forms were distributed and 116 were returned, a response rate of 47%. This represented approximately 2% of the practice's patient list. For example, of the patients who responded to their survey:

- 74% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 92% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).
- 92% said their GP was good at explaining tests and treatment (CCG average 86%, national average 86%)
- 99% said the nurse was good at treating them with care and concern (CCG average 93%, national average 91%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were very complimentary about the standard of care received. The respondents stated that they found the surgery clean and hygienic and that they were confident they would receive good treatment. Words used to describe the practice and its staff included amazing, first class, excellent, exemplary, second to none and outstanding.

We spoke with six patients during the inspection, two of whom were members of the practice patient participation group. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Dr Brigham and Dr Joseph

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. Also in attendance was a GP specialist advisor.

Background to Dr Brigham and Dr Joseph

Dr Brigham and Dr Joseph provide care and treatment to approximately 5714 patients predominantly from the Hendon, Grangetown and Tunstall Hill areas of Sunderland, Tyne and Wear. The practice is part of the NHS Sunderland Clinical Commissioning Group (CCG) and operates on a Personal Medical Services (PMS) contract.

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

Villette Surgery

Suffolk Street

Hendon

Sunderland

SR2 8AX

The surgery is located in purpose-built accommodation which opened in 1985 and was extended in 2011. All reception and consultation rooms are on the ground floor and fully accessible for patients with mobility issues. An on-site car park is available which includes dedicated disabled car parking spaces.

The surgery is open from 8am to 6pm on a Monday, Tuesday, Wednesday and Friday (appointments from 8am to 12 midday then 2.30pm to 5.30pm) and from 8am to 5pm on a Thursday (appointments from 8am to 12 midday and 2.30pm to 5pm). Patients registered with the practice are also able to access GP appointments at the local extended hours facility in a nearby health centre from 6pm to 8am weekdays and from 9am to 2pm on a Saturday and Sunday.

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

Villette Surgery offers a range of services and clinic appointments including contraception advice, travel clinic, anti-coagulation clinic, childhood immunisation service and long term condition reviews.

The practice consists of:

- Three GP partners (two male and one female)
- One salaried GP (female)
- One career start GP (male)
- One practice nurses (female)
- One health care assistant (female)
- One pharmacist
- Nine non-clinical members of staff including a practice manager, assistant practice manager, a computer co-ordinator and a team of receptionists

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

The average life expectancy for the male practice population is 76 (CCG average 77 and national average 79) and for the female population 81 (CCG average 81 and national average 83).

53.4% of the practice population were reported as having a long standing health condition (CCG average 59.7% and

national average 54%). Generally a higher percentage can lead to an increased demand for GP services. 45.5% of the practice population were recorded as being in paid work or full time education (CCG average 55.5% and national average 61.5%). Deprivation levels affecting children and older people were much lower than the local CCG and national averages.

Why we carried out this inspection

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

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

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 August 2016. During our visit we spoke with a mix of clinical and non-clinical staff including GPs, the practice nurse, the practice manager, assistant practice manager and computer co-ordinator. We spoke with six patients, two of whom were members of the practice's patient participation group (PPG) and observed how staff communicated with patients who visited or telephoned the practice on the day of our inspection. We reviewed 35 Care Quality Commission (CQC) comment cards that had been completed by patients and looked at the records the practice maintained in relation to the provision of services. We also spoke to members of the integrated care team who worked closely with, but were not employed by, the practice. This included the community care home sister, community staff nurse, community matron and community social worker.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff were well aware of their roles and responsibilities in reporting and recording significant events.

Significant events were analysed and discussed at monthly minuted clinical meetings and at quarterly administration team meetings. We saw evidence of the practice carrying out annual reviews of significant events and identifying learning outcomes.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Trends and themes were identified and the practice regularly recorded relevant significant events on the local clinical commissioning group's (CCG) Safeguard Incident and Risk Management System (SIRMS). The SIRMS system enables GPs to flag up any issues via their surgery computer to a central monitoring system, so that the local CCG can identify any trends and areas for improvement. A system was in place to ensure patient safety alerts were cascaded to relevant staff and appropriate action taken.

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

Overview of safety systems and processes

The practice had systems, processes and practices in place which generally kept patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. This information, together with a flowchart and relevant contact information was readily available to staff on a dedicated area of the staff noticeboard. One of the GP partners was the lead for children's and adult safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice held regular multi-disciplinary meetings to discuss vulnerable patients. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs were trained to level three in children's safeguarding.
- Chaperones were available if required. Staff who acted as chaperones had all received appropriate training 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 and we observed the premises to be clean and tidy. A cleaning schedule was in place. The last infection control audit had been carried out in August 2015 and had identified action points and areas for improvement. We saw evidence of these action points either being addressed or in the process of being addressed. For example, the provider had replaced clinical waste bins and intended to replace the hand wash basin in the treatment room as part of their plans to refurbish the room to enable them to carry out minor surgery. A comprehensive infection prevention and control policy was in place.
- An effective system was in place for the collection and disposal of clinical and other waste.
- We reviewed the personnel files of two of the most recently employed staff members and found that appropriate recruitment checks had been undertaken for all staff prior to employment. Good induction processes were in place for all staff including locums and registrars.
- The provider was aware of and complied with the requirements of the Duty of Candour regulation. The GP partner and practice manager encouraged a culture of openness and honesty.
- Patient safety alerts were recorded, monitored and dealt with appropriately.
- The practice had systems in place for knowing about notifiable safety incidents and actively identified trends, themes and recurrent problems. They had recorded 20 significant events during the period 1 April 2015 to 31 March 2016. Significant events were regularly discussed and analysed at monthly clinical meetings and appropriate action taken. For example, the practice had

recorded a significant event in relation to not being informed of several patient deaths whilst they were in receiving care and treatment in the local hospital. They had therefore implemented an in-house monitoring system which involved practice staff interrogating the IT system used by the hospital, to which they also had access, to check for deaths of patients registered with the practice.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Blank prescription pads were stored securely. The refridgerator used to store medicines, such as vaccines, requiring refrigeration only had one thermometer. Good practice dictates that a second thermometer should also be used as a method of cross-checking the accuracy of the temperature. However, the practice manager was able to show us that the practice had already purchased a further, independent thermometer which was due to be calibrated the following week before being put into use.
- Patient group directions (PGDs) and patient specific directions (PSDs) had been adopted by the practice to allow nurses and health care assistants to administer medicines in line with legislation. PGDs and PSDs allow registered health care professionals, such as nurses, to supply and administer specified medicines, such as vaccines, without a patient having to see a doctor.

Monitoring risks to patients

Risks to patients were assessed and well managed:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff were aware of their roles and responsibilities in relation to this. Staff had received fire safety training and two members of staff acted as fire marshalls. Fire alarms were tested on a weekly basis and fire evacuation drills were carried out on an annual basis. The practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Annual leave was planned well in advance and staff had been trained to enable them to cover each other's roles when necessary.
- When the practice needed to use a locum GP they tended to use a locum who had worked for them regularly in the past, was aware of practice policies and procedures and known by staff and patients. A locum induction pack was available.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- The practice had good arrangements in place to respond to emergencies and major incidents. Emergency medicines were easily accessible and all staff knew of their location. A defibrillator was available on the premises. All the medicines we checked were in date and fit for use.
- The practice had recently taken delivery of a supply of oxygen. However this was not going to be available for use until staff had received relevant training on when and how to administer oxygen. We were told that this training was planned for the near future.

Good

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 and the Map of Medicine which provides guidance on referral management, care pathways and heath care management solutions for health care staff. The practice held weekly GP and monthly clinical meetings which were an opportunity for clinical staff to discuss clinical issues and patients whose needs were causing concern.

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 2014/15 showed the practice had achieved 95.6% of the total number of points available to them compared with the clinical commissioning group (CCG) of 95.7% and the national average of 94.7%.

At 12.5% their clinical exception rate was higher than the local CCG average of 10.8% and national average of 8.2%. The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

- The practice had obtained the maximum points available to them for eight of the 19 QOF indicators, including asthma, cancer, hypertension, osteoporosis and for caring for patients who had a learning disability or required palliative care. For six of the other indicators, including chronic obstructive pulmonary disease and secondary prevention of coronary heart disease, the results were still either comparable with or above local and national averages. For the remaining five indicators performance was below local and national indicators:
- 91.7% for chronic kidney disease (CCG average 95.8% and national average 94.7%).
- 91.2% for dementia (CCG average 95.5% and national average 94.5%).
- 79.9% for mental health (CCG average 91.8% and national average 92.8%).
- 94% for rheumatoid arthritis (CCG average 97.7% and national average95.4%).
- 92% for peripheral arterial disease (CCG average 98% and national average 96.7%).

The practice carried out clinical audit activity to help improve patient outcomes. We saw evidence of several audits including a two cycle audit to ensure patients with gout were receiving optimal care. As a result of the first cycle of the audit the practice implemented a gout register to aid the monitoring and management of patients with the condition. The second cycle showed that the percentage of patients with gout who were having their uric acid level checked had increased dramatically from 17% to 54%. It also showed that the percentage of patients receiving regular prophylactic (preventative) treatment had increased from 52% to 80%. Other audits included one to ensure patients with chronic kidney disease were receiving appropriate treatment and another to review laxative prescribing.

Information provided by the practice indicated they were monitoring the prescribing of antibiotics and a number of other medicines and were committed to improving the quality of care delivered while making efficiency savings in terms of prescribing that could be reinvested into the NHS. For example, during the period 1 April 2014 to 31 March 2015 the practice had prescribed 5,309 antibiotic items. This had reduced to 4,527 items for the period 1 April 2015 to 31 March 2016. One of the practice non-clinical staff members had undertaken training to enable them to become a Medicines Optimisation Champion whose role included looking at issues such as patient safety and reduction of waste.

The practice had a palliative care register and discussed the needs of palliative care patients at regular multi-disciplinary team meetings.

Effective staffing

The staff team included GPs, nursing, managerial, health care, pharmacy and administration staff. We reviewed staff training records and found that staff had received a range of mandatory and additional training. This included basic life support, health and safety, infection control, information governance, safeguarding and appropriate clinical based training for clinical staff.

Good

Are services effective?

(for example, treatment is effective)

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list). The practice nurse was supported in seeking and attending continual professional development and training courses and attended locality practice nurse meetings. However, the practice nurse told us that there was a problem across the region in being able to access clinical supervision support.

The practice had a staff appraisal system in operation which included the identification of training needs and development of personal development plans.

We looked at staff cover arrangements and identified that there were sufficient staff on duty when the practice was open. Holiday, study leave and sickness were covered in-house whenever possible. When the practice did have to use a locum GP they tried to use a regular locum who was familiar with practice policies and procedures and known by staff and patients.

The practice was involved in a career start programme for GPs. This scheme had been developed to address GP recruitment problems and was targeted towards encouraging and supporting newly qualified doctors to pursue a career as a GP. The career start GP employed by the practice had a brought with them a special interest in cardiology from their previous role and aimed to become a GP with special interests in this area.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary meetings took place on a regular basis and that care plans were reviewed and updated. The practice adopted a joint care panning approach and used emergency health care plans (EHCPs) and health and social care plans to help ensure patients' needs were appropriately met..

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

Vaccination rates for 12-month and 24-month old babies and five-year-old children were above national averages. For example, data available for the 2014/15 period showed that childhood immunisation rates for the vaccinations given to two year olds ranged from 96.7% to 100% (compared with the CCG range of 96.2% to 98.9%). For five year olds the practice had consistently achieved a performance of 100% (compared to CCG range of 31.6% to 98.9%)

At 83%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was above the CCG and national averages of 82%.

Patients had access to appropriate health assessments and checks. This included health checks for patients aged over 75 and new patient health checks. The practice had reinstated offering NHS health checks for patients aged

Good

Are services effective?

(for example, treatment is effective)

between 40 and 74 in August 2016 and had carried out 10 such checks in the period leading up to our inspection. During May 2016 to July 2016 the practice had carried out 65 over 75 health checks and 67 new patient checks. The practice carried out appropriate follow-ups where abnormalities or risk factors were identified. Information such as NHS patient information leaflets was also available.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 35 completed CQC comment card which were very complimentary about the caring nature of the practice. We also spoke with six patients during our inspection, two of whom were members of the practice patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 99% said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 100% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 98% and the national average of 97%.
- 90% patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 95% said the GP was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 94% said the last nurse they spoke to was good listening to them compared to the CCG average of 94% and the national average of 91%.
- 97% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

The practice had access to a translation service, which was funded by the local CCG, for patients who did not have English as a first language. A hearing loop was also available.

Patients with a learning disability were offered an annual influenza immunisation and health check. The practice held a register of 52 patients recorded as living with a learning disability.

Patient and carer support to cope emotionally with care and treatment

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

Good

Are services caring?

The practice identified carers and ensured they were offered an annual health check and influenza vaccination and signposted to appropriate advice and support services. The practice computer system alerted clinicians if a patient was a carer. At the time of our inspection they had identified 119 of their patients as being a carer (approximately 2% of the practice patient population).

Patients known to have experienced bereavement were sent a condolence card and signposted to appropriate advice and support organisations.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of their local population and planned services accordingly. Services took account of the needs of different patient groups and helped to provide flexibility, choice and continuity of care.

- There were longer appointments available for anyone who needed them.
- Home visits were available for older patients, housebound patients and patients who would benefit from these.
- People could access appointments and services in a way and time that suited them. The appointment and open surgery system operated by the practice ensured that patients could get an urgent appointment the same day either at the practice or local extended hour's provision.
- There were disabled facilities and translation services available. Patients also had access to a hearing loop.
- All patient facilities were easily accessible to patients with a mobility issue.
- The practice offered online services to book appointments and request repeat prescriptions.
- The practice was participating in a care home alignment project. The intention was that they would be allocated a main or link care home for whom they would provide care and support. This would be achieved by delivering a ward round approach and visiting the home on a regular basis.
- The practice was part of a GP alliance. This enabled member practices to co-commission goods and services more cost effectively. Alliance initiatives had also enabled the practice to secure an attached pharmacist and career start GP.
- The practice had appointed an additional practice nurse/nurse practitioner to assist with long term condition reviews.
- One of the practice non-clinical staff members had undertaken training to enable them to become a Medicines Optimisation Champion whose role included looking at issues such as patient safety and reduction of prescribing waste.

Access to the service

The surgery was open from 8am to 6pm on a Monday, Tuesday, Wednesday and Friday (appointments from 8am to 12 midday then 2.30pm to 5.30pm) and from 8am to 5pm on a Thursday (appointments from 8am to 12 midday and 2.30pm to 5pm). Patients registered with the practice were also able to access GP appointments at the local extended hour's facility in a nearby health centre from 6pm to 8am weekdays and from 9am to 2pm on a Saturday and Sunday.

Results from the National GP Patient Survey (July 2016) showed that patients' satisfaction with how they could access care and treatment was mixed when compared with local and national averages. For example:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 74% of patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and the national average of 73%.
- 75% of patients described their experience of making an appointment as good compared to the CCG average of 75% and the national average of 73%.
- 88% of patients said they usually waited less than 15 minutes after their appointment time compared to the CCG average of 69% and the national average of 65%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.

Patients we spoke to on the day of the inspection and those who completed CQC comment cards reported that they were able to get an appointment within an acceptable timescale. We looked at appointment availability during our inspection and found that routine GP appointments were available the following day. The next routine appointment with a nurse was not available until 12 working days later but this due to the fact that there was only one practice nurse who was on planned annual leave the week following our inspection. The practice had taken steps to address nurse appointment availability by appointing a further practice nurse/nurse practitioner who was due to commence employment with the practice in September 2016.

Listening and learning from concerns and complaints

The practice had an effective system in place for monitoring, dealing with and responding to complaints.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager had been identified as lead for dealing with complaints.
- We saw that information was available in the reception area to help patients understand the complaints system.
- The practice patient participation group were involved in reviewing any complaints received by the practice.

The practice had recorded four complaints during the period 1 April 2015 to 31 March 2016. We found that these complaints had been satisfactorily handled and dealt with in a timely way.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

The practice mission statement, which was displayed on the staff noticeboard, was:

'To provide high quality, safe, professional primary health care general practice services to our patients with a well-trained motivated health care team. To treat patients with consideration and listening and supporting people to express their needs and wants enabling people to maintain the maximum possible level of independence and choice. To work in partnership with our patients, their families and carers towards a positive experience and understanding, involving them in decisions about their treatment and care. The practice will endeavour to educate patients on health care matters and provide them with appropriate information about their condition and treatment'.

The practice had a formal business plan and priorities, such as succession planning, staff recruitment and training were identified and reviewed annually.

Governance arrangements

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

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

Leadership and culture

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

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

- Clinical meetings were held on a monthly basis which included discussions about palliative care, high risk and vulnerable patients. The practice also held a variety of other staff group meetings including GP meetings and bi-monthly meetings between the practice manager, nurse and healthcare assistant. The practice also tried to hold quarterly administration team meetings during 'time in, time out' sessions. However, staff told us this was not always possible and that administrative team meetings were quite often convened on an ad-hoc basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. They also said they felt respected and valued.

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 them in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), patient surveys and complaints received.
- The practice had established a patient participation group which consisted of approximately five core members. PPG members told us they were actively trying to recruit additional members, especially younger members of the community, and were working with their local Healthwatch group to try and achieve this. The PPG were currently involved with improving the practice website. Past involvement had included holding a dementia support open day with representation from the local carer's centre and dementia support agencies. The PPG were also involved in analysing patient feedback and comments and suggesting improvement as a result of this. This had

Are services well-led?

Good

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

resulted in the practice implementing a system to ensure patients were reminded of the need to take a urine sample to certain appointments and where they could obtain a suitable specimen container.

- As results from latest National GP Patient Survey had indicated that only 74% of respondents were satisfied with the ease of being able to get through to the surgery by phone the practice had installed a new telephone system. This allowed more staff to man the telephone lines during peak periods and also the ability to analyse times of peak demand and missed calls.
- The practice regularly carried out and reviewed friends and family test feedback from patients. This test is used to assess whether existing patients would be likely to recommend the practice to friends or family members. The practice had received three friends and family responses in June 2016, all of which reported that the respondents would be extremely likely to recommend the practice. The July 2016 results showed that two out of three patients would either be extremely likely or likely to recommend the practice.

Continuous improvement

The practice was committed to continuous learning and improvement at all levels.

The practice team was forward thinking and took part in local pilot schemes and initiatives to improve outcomes for patients in the area. This included:

- Participating in the career start programme for GPs to address GP recruitment problems.
- Appointing a non-clinical member of staff as a Medicines Optimisation Champion who role was to assist practice clinicians in addressing medicines wastage whilst ensuring patient safety.
- The practice was participating in a care home alignment project. The intention was that they would be allocated a main or link care home for whom they would provide care and support. This would be achieved by delivering a ward round approach and visiting the home on a regular basis.