Monkseaton Medical Centre

Quality Report

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Date of inspection visit: 10 December 2015
Date of publication: 25/02/2016

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Monkseaton Medical Centre on 10 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure 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 areas where the provider should make improvement are:

- Identify and record the immunisation status of staff to protect their welfare and reduce the risk of the spread of contagious diseases and ensure all staff are appropriately immunised in line with their roles and responsibilities.

- Clarify how to use the defibrillator for children and ensure staff are aware of this so they can act in the case of an emergency.

Summary of findings

- Consider and mitigate the risk of the refrigerators, used to store vaccinations and other medicines which need a consistent temperature, being turned off inadvertently.
- Continue to further develop the patient participation group to ensure it better reflects the practice population, and includes members who may be vulnerable or at risk of poor access to primary care.

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.

- 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.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Although the practice checked the immunisation status of some staff, for example, for hepatitis B and the Measles, mumps and rubella (also known as MMR vaccination), this was not captured for all staff. Capturing this information allows appropriate decisions to be made concerning actions or measure to preserve health and prevent the spread of disease following known or suspected exposure to the virus.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. However, the practice had not adequately managed the risk that the refrigerator, used to store vaccines and other medicines which need a consistent temperature, could be inadvertently switched off.
- There was a lack of clarity on how to use the defibrillator safely if a child needed to be defibrillated. Staff told us they would take action to address this
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were mostly in line with averages for the locality. However, there were a number of indicators relating to long term conditions where the practice was below the local and national averages. The practice told us about the actions they were taking to address these and bring them in line with local CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Clinical audits demonstrated quality improvement. There was a lot of audit activity undertaken within the practice, but this was not coordinated and there was no system in place to determine or select topics for audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care. For example, in national GP Patient Survey, 94.8% said the GP was good at listening to them, compared to the CCG average of 91.3% and national average of 88.6%. Also, 91.2% said the GP gave them enough time, compared to the CCG average of 89.8% and national average of 86.6%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
-

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice had reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was in the process of planning to address some areas of underperformance identified in the national GP Patient Survey. They had started to change from a virtual patient participation group (PPG) to a group who would meet regularly.

Summary of findings

However, there was only one member at the time of the inspection. The practice intended to recruit more members, as it did not currently reflect the demographics of the patient population.
- 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?

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 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 sought feedback from staff and patients, which it acted on. The PPG was in the very early stages of development, but the practice had plans as to how they could develop this and gather more representative feedback.
- There was a 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.

- Staff provided proactive, personalised care which met the needs of older patients. Patients aged 75 and over had been allocated a named GP to help ensure their needs were met.
- Good arrangements had been made to meet the needs of 'end of life' patients. Staff held regular palliative care meetings with other healthcare professionals to review the needs of these patients and ensure they were met.
- The practice offered home visits and longer appointment times where these were needed by older patients. The practice had a visiting practice nurse who focussed on meeting the needs of patients in care homes.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group. % of patients aged 65 years or over received a seasonal influenza vaccination which was better than the national average (of 73.2%).

People with long term conditions

Good

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

- Effective systems were in place which helped ensure patients with long-term conditions received an appropriate service which met their needs. These patients all had a named GP and received an annual review to check that their needs were being met. For those people with the most complex needs, the named GP worked with other relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. A visiting practice nurse reviewed the needs of patients with long term conditions who were in care homes.
- Nationally reported data showed the practice had not performed as well in providing recommended care and treatment for some of the clinical conditions commonly associated with this population group. For example, Performance for diabetes related indicators was worse than the CCG and national average. The practice achieved 84.9% of the

points available. This compared to an average performance of 92.9% across the CCG and 89.2% national average. The practice had plans in place as to how they would address areas of lower performance.
- Longer appointments and home visits were available when needed.
- Patients at risk of hospital admission were identified as a priority, and steps were taken to manage their needs.
- Staff had completed the training they needed to provide patients with safe care.

Families, children and young people

Good

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.
- Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.1% to 100% and five year olds from 92% to 98.9%. This compared to the CCG average of between 97.3% and 100% for vaccinations given to under two year olds and 92.2% and 98.3% for those given to five year olds. The majority were around the same as the average for the local CCG averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data showed the practice had performed in line with average for providing recommended care and treatment for this group of patients.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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 practice had assessed the needs of this group of patients and developed their services to help ensure they received a service which was accessible, flexible and provided continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Nationally reported data showed the practice the practice provided recommended care and treatment that was in line with or above national averages for this group of patients. For example, the practice achieved 100% of the points available for smoking related indicators. This compared to an average performance of 94.9% across the CCG and 95.1% national average.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including patients with learning disabilities.
- Staff carried out annual health checks for patients who had a learning disability and offered longer appointments.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff provided vulnerable patients with information about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff understood their responsibilities regarding information sharing, the documentation of safeguarding concerns and contacting relevant agencies.

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 data showed performance for mental health related indicators was lower than the local CCG and national averages. The practice achieved 92.3% of the points available. This compared to an average performance of 95.2% across the CCG and 92.8% national average. However, within this, there were areas where the practice achieved higher than

Summary of findings

average results. For example, 96.7% of patients with a range of mental health conditions had a comprehensive, agreed care plan documented in the record, within the preceding twelve months. This compared to a national average of 86.0%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review within the preceding 12 months was similar to the national average at 83.3% (compared to a national average of 83.8%).
- 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.
- They had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP Patient Survey results, published on 2 July 2015, showed varying levels of patient satisfaction with telephone access to the practice and appointment availability. The survey also showed patient satisfaction with the quality of GP consultations was above most of the local CCG and national averages.

265 survey forms were distributed and 107 were returned, which was a response rate of 40.4%. This equated to 1.2% of the practice population.

There were some areas where the practice performed better or were comparable with national and local CCG averages. For example, of the patients who responded to the survey:

- 85.2% said they found it easy to get through to this surgery by telephone (CCG average 81.7%, national average 73.3%).
- 83.6% said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 85.6%, national average 85.2%).
- 93.6% said the last appointment they got was convenient (CCG average 82.5%, national average 91.8%).

However, there were also areas the practice did less well, for example:-

- 47.4% of patients said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 71.5%, national average 64.8%).
- 77.2% of patients found the receptionists at this surgery helpful (CCG average 88.5%, national average 86.8%). 20.2% said the receptionists were unhelpful.
- 71.8% of patients described their experience of making an appointment as good (CCG average 78.1%, national average 73.3%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. For example, patients commented on the caring, friendly and helpful manner of staff; the excellent service; the responsiveness of doctors; and good continuity of care. A small number of patients (four) commented although they were entirely satisfied with the care received, there was sometimes a wait to be seen.

We spoke with six patients during the inspection. One of the patients we spoke with was working with the practice to help improve the services they offered and it was also planned that they help set up a patient participation group for the practice. All six patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. In line with the CQC comment cards some told us they find it difficult to make appointments and there was sometimes a wait to be seen.

Areas for improvement

Action the service SHOULD take to improve

- Identify and record the immunisation status of staff to protect their welfare and reduce the risk of the spread of contagious diseases and ensure all staff are appropriately immunised in line with their roles and responsibilities.
- Clarify how to use the defibrillator for children and ensure staff are aware of this so they can act in the case of an emergency.
- Consider and mitigate the risk of the refrigerators, used to store vaccinations and other medicines which need a consistent temperature, being turned off inadvertently.
- Continue to further develop the patient participation group to ensure it better reflects the practice population, and includes members who may be vulnerable or at risk of poor access to primary care.

Monkseaton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Monkseaton Medical Centre

Monkseaton Medical Centre is registered with the Care Quality Commission to provide primary care services. The practice provides services to just under 9,000 patients from one location, Monkseaton Medical Centre, Cauldwell Avenue, Whitley Bay, Tyne and Wear, NE25 9PH. We visited this location as a part of this inspection.

Monkseaton Medical Centre is a medium sized practice providing care and treatment to patients of all ages, based on a Personal Medical Services (PMS) contract agreement for general practice. The practice is situated in the Monkseaton area of Whitley Bay and is part of the NHS North Tyneside Clinical Commissioning Group (CCG).

Information taken from Public Health England placed the area in which the practice was located in the second least deprived decile. In general, people living in more deprived areas tend to have greater need for health services. There was a slightly lower proportion of people in the area in paid work or full time employment at 54.1% (compared to an England average of 60.2%). The unemployment rate in the area is much lower than the National average at 3.2% compared to the national average at 6.2%). There were a lower proportion of disability allowance claimants (at 39.3 per 1000 population, compared to an England average of 50.3 per 1000 population). The average male life expectancy is 78 years and the average female life expectancy is 82 years. Both of these are one year lower than average.

The percentage of patients reporting with a long-standing health condition is slightly higher than the national average (practice population is 64.7% compared to a national average of 54.0%). The percentage of patients with health-related problems in daily life is similar to the national average (46% compared to 48.8% nationally). There are a similar percentage of patients with caring responsibilities at 18% compared to 18.2% nationally.

The practice has three GP partners, of which two are female and one male. At the point of inspection the practice had two partners registered within the partnership with the Care Quality Commission. The practice told us they were in the process of making an application to add the third GP partner to the registered partnership. In addition, there are five GPs who are either salaried or work as locums for the practice on an ongoing basis, of which two are male and three female. There are also three GP registrars, two practice nurses, three healthcare assistants, a pharmacist and a team of administrative support staff.

The opening times for the practice are as follows:

- Mon 8am - 6pm
- Tue 8am - 6pm
- Wed 8am - 6pm
- Thu 8am - 6pm
- Fri 8am - 6pm
- Sat Appointment Only

Appointment times were between 9am to 11:40am and 3:00pm to 5:30pm daily. Extended hours surgeries were offered every Saturday by appointment.

Detailed findings

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited (NDUC).

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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 10 December 2015. During our visit we:

- Spoke with a range of staff (including, GPs, a practice nurse, a health care assistant, the practice pharmacist, the practice manager and a range of administrative and reception staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- 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)
- 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.

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 told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

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. For example, a clinician had let their professional registration lapse in error. This was identified quickly by the clinician and they did not see any patients whilst they were not registered. As a result of the significant event analysis that followed, the practice implemented a regular supplementary check on clinicians' registrations to reduce the risk of this happening again in the future.

When there are unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology 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 clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. However, some improvements were required.

- 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in the safeguarding of children and young people.
- A notice was displayed in the waiting rooms, advising patients of the availability of a chaperone service. Staff told us it was normally the practice nurses who were asked to act as chaperones. However, if none were available reception staff had been asked to undertake this role. Those staff who undertook chaperoning duties had received training in this role. Not all non-clinical staff who undertook chaperone duties had been subject to a criminal records check, known as a Disclosure and Barring Service (DBS) check. These checks identify whether a person has a criminal record or is on the official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice manager told us non-clinical staff who acted as chaperones were never left unattended with patients. The practice policy on DBS checks detailed that all staff who had one to one contact with patients would need to undergo an enhanced DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Although the practice checked the immunisation status of some staff, for example, for hepatitis B and the Measles, mumps and rubella (also known as MMR vaccination), this was not captured for all staff. Advice from Public Health England, in the 'Immunisation against infectious disease' green book, is that both clinical and non-clinical staff who may have direct contact with patients' blood or blood-stained body fluids should receive Hepatitis B vaccination. This includes any staff who are at risk of injury from blood-contaminated sharp instruments, or of being deliberately injured or bitten by patients. All staff should be up to date with their routine immunisations, for example, tetanus, diphtheria, polio and MMR. Capturing this information allows appropriate decisions to be made concerning actions or measure to preserve health and prevent the spread of disease following known or suspected exposure to the virus.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept

patients safe (including obtaining, prescribing, recording, handling, storing and security). However, the practice had not adequately managed the risk that the refrigerator, used to store vaccines and other medicines which need a consistent temperature, could be inadvertently switched off. 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. Prescription pads were securely stored and there were systems in place to monitor their use.

- We reviewed six personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service for those staff members which required them.

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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had access to a defibrillator available within a co-located service. However, there were only adult pads available for this. There was a lack of clarity as to whether these pads could also be used on children. Staff told us they would follow this up to clarify the safety and suitability of the defibrillator and to ensure they could act if a child needed to be defibrillated. There was oxygen available on the premises with adult and children's masks. There was also a first aid kit and accident book available. The practice had a manual suction device available to clear airways.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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.
- 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 were 94.3% of the total number of points available, with 10.9% clinical exception reporting. (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.) This practice was not a statistical outlier for any QOF (or other national) clinical targets. However, although not a statistical outlier, performance across a number of indicators for long-term conditions was below the local and national averages.

- Performance for diabetes related indicators was lower than the CCG and national average. The practice achieved 84.9% of the points available. This compared to an average performance of 92.9% across the CCG and 89.2% national average. Within this, there were some areas where the practice performed similar to other practices nationally and some where they performed lower. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 77.7%. This was lower than the England average of 81.6%. The percentage of patients on the diabetes register who had influenza immunisation in the preceding September to March was 92%, compared to a national average of 93.5%. However, for the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91.7%, which was higher than the national average of 88.4%.

The practice told us this had been a difficult area for them recently. Sickness in the team had contributed to a fall in performance across this area. The practice performance team had met to consider ways they could improve their performance. They appointed a senior clinical pharmacist and identified a lead GP and practice nurse. They also identified administrative resource to manage the recall of patients with diabetes for review appointments. The practice told us the performance group monitored this on an ongoing basis and they had already identified improvements in this QOF year's performance to date.

- Performance for chronic obstructive pulmonary disease (COPD) was below the average for the CCG and the national average. The practice achieved 88.6% of the points available. This compared to an average performance of 97.7% across the CCG and 96% national average. The practice told us they had a lot of housebound patients with COPD, and they had difficulty in managing the needs of this patient group as the community nursing and district nursing teams were not responsible for reviewing their needs. The practice had employed a visiting practice nurse to support the management of long-term conditions in the community. They told us they were, however, initially focussing this support on patients living in care homes.

- The percentage of patients with hypertension having regular blood pressure tests was below the national average. 75.4% of patients had a blood pressure reading measured within the last nine months, compared to 83.1% nationally.
- Performance for mental health related indicators was lower than the CCG and national average. The practice achieved 92.3% of the points available. This compared to an average performance of 95.2% across the CCG and 92.8% national average. Within this there were areas where the practice achieved higher than average results. For example, 96.7% of patients with a range of mental

Good

Are services effective?

(for example, treatment is effective)

health conditions had a comprehensive, agreed care plan documented in the record, within the preceding twelve months. This compared to a national average of 86.0%.

There were some areas where the practice performance was similar to or above national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review within the preceding 12 months was similar to the national average at 83.3% (compared to a national average of 83.8%). The practice achieved 100% of the points available within QOF for smoking related indicators. This compared to an average performance of 94.9% across the CCG and 95.1% national average.

Clinical audits demonstrated quality improvement. There was a lot of audit activity within the practice, but not all of these led to the completion of full two-cycle audits. (A two-cycle audit involves an initial audit after which changes are implemented and then a re-audit to demonstrate improvement). The process for selecting and undertaking audit activity was unclear and the practice was unable to access some of the completed audit cycles during the inspection. These were forwarded to CQC after the inspection.

- There had been 10 clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored. There were also four audits of prescribing patterns, which were completed audit cycles.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing the antenatal care of women to ensure pregnant women were appropriately risk assessed and, where appropriate, given a higher dose of folic acid. (Folic acid can be given as a supplement to women when the baby's spine is developing to reduce the risk of abnormalities.) The audit demonstrated an improvement in the risk assessment rate and use of the relevant patient pathway.

Information from clinical audits about patients' outcomes had been used to make improvements in areas such as:

- The diagnosis and treatment of patients with atrial fibrillation. (Atrial fibrillation is an irregular and often rapid heart rate that commonly causes poor blood flow to the body.);
- The treatment and monitoring of patients with gout.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The practice had a staff training matrix in place to monitor where staff had undertaken or needed to complete mandatory training. There were some gaps where staff had not yet undertaken the required training. The practice was aware of this and was taking action to ensure staff had completed the relevant training to undertake their role safely and effectively.

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.

Good

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. Multi-disciplinary family support meetings took place weekly, which included discussions about the safeguarding of children and young people.

Consent to care and treatment

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

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

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 81.0%, which was comparable to the national average of 81.8%. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.1% to 100% and five year olds from 92% to 98.9%. This compared to the CCG average of between 97.3% and 100% for vaccinations given to under two year olds and 92.2% and 98.3% for those given to five year olds. The majority were around the same as the average for the local CCG averages.

Flu vaccination rates for the over 65s were 81.2%, which was above the national average of 73.2%. For at risk groups this was lower at 40.9%, which was below the national averages of 52.3%.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 a private room to discuss their needs.

All of the 30 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with the one member of the 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for most of their satisfaction scores on consultations with doctors. For example, of patients who responded to the survey

- 94.8% said the GP was good at listening to them, compared to the CCG average of 91.3% and national average of 88.6%.
- 91.2% said the GP gave them enough time, compared to the CCG average of 89.8% and national average of 86.6%.
- 97.9% said they had confidence and trust in the last GP they saw, compared to the CCG average of 96% and national average of 95.2%.
- 86.3% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 87.6% and national average of 85.1%.

However, patient satisfaction levels with nurses was lower than the local CCG and national averages, for example:

- 84.1% the last nurse they spoke to was good at listening to them, compared to the CCG average of 91.0% and national average of 91%.
- 87.7% said the last nurse they saw or spoke to was good at giving them enough time, compared to the CCG average of 92.9% and national average of 91.9%.
- 85% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 91.4% and national average of 90.4%.

The practice told us they had made a lot of changes to the nursing staff recently, and had also had difficulty recruiting practice nurses. They were continuing to look at ways they could recruit and retain the right skills mix and staff members for the nursing team.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 CQC comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example, of patients who completed the survey:

- 83.3% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 89.6% and national average of 86.0%.
- 85.4% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 85.8% and national average of 81.4%.
- 91.2% of patients felt the doctor gave them enough time, compared to a local CCG average of 89.8% and national average of 86.6%.
- 87.7% felt they had sufficient time with the nurse, compared with a local CCG average of 92.9% and England average of 91.9%.

Good

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% (186) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had a carers champion in place to assist staff in identifying and offering support to patients who had caring responsibilities.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on a Saturday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and other patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- All patient services were located on the ground floor and were accessible to patients with disabilities.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointment times were between 9am to 11:40am and 3pm to 5:30pm daily. Extended hours surgeries were offered every Saturday by appointment. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was variable.

- 83.6% said they were able to see or speak to someone last time they tried, compared to a local CCG average of 85.6% and England average of 85.2%. In addition, 93.6% of patients found their appointment was very or fairly convenient, compared to an average of 92.5% in the local CCG area and 91.8% across England. However, 44.9% said they felt they normally had to wait too long to be seen, compared to a CCG average of 28.8% and an England average of 34.5%.
- 47.4% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71.5%, national average 64.8%).
- 74% of patients said they were satisfied with opening hours, compared to a national average of 74.9%.
- 77.2% found the receptionists at this surgery helpful (CCG average 88.5%, national average 86.8%). 20.2% said the receptionists were unhelpful.
- 71.8% described their experience of making an appointment as good (CCG average 78.1%, national average 73.3%).

Patients told us on the day that they were able to get appointments when they needed them.

The practice recognised there were areas where they needed to improve. They were in the process of re-invigorating the patient participation group to allow them to consult patients on ideas for improvement. This had previously been a virtual group, but the practice recognised the value of having a more active group to support them to improve. They had appointed one member to this group and were looking to recruit others. They had found the one member of the group very useful in identifying ideas for improvement. However, one person cannot give a representative view, which reflects the needs of the varying groups of patients. The practice had not yet attracted members to this group who reflected the needs of their patient population and also included those who may be vulnerable or most at risk of poor access to primary care. The practice had an aspiration to deliver hotel standard customer services; however, staff were at early stages of planning for these improvements.

Listening and learning from concerns and complaints

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

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

The practice had received 15 complaints within the last year. We looked at two of these and found these were satisfactorily handled and had been dealt with in a timely way. There was openness and transparency when dealing with the complaint. Lessons were learnt from concerns and

Good

Are services responsive to people's needs?

(for example, to feedback?)

complaints and action was taken as a result to improve the quality of care. For example, the practice supported staff to undertake further training on information governance following a breach of confidentiality.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The mission statement was :

'Helping you to better health. Working with patients to enable good health. Delivering excellent accessible care. Continually developing to meet new challenges.'

The practice had developed a concise plan (on one page) to summarise how they would achieve this and to help staff understand the strategic priorities and plans for delivery.

- The practice had a robust strategy and supporting business plans which reflected the vision and values. These documents were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice and actions in place where the practice planned to improve.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice 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 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 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.

When there were unexpected or unintended safety incidents the practice:

- Gave affected patients reasonable support, truthful information and a verbal and written apology.
- Kept written records of verbal interactions as well as written correspondence.

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

- Told us that the practice held regular team meetings.
- Told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team away days were held every six months.
- Said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. They proactively sought patients' feedback. The practice was in the process of re-invigorating the patient participation group (PPG) to increase opportunities for patients to feedback and engage in the delivery of the service. This had previously been a virtual group, but the practice recognised the value of having a more active group to support them to improve. They had appointed one member to this group and were looking to recruit others.

- They had gathered feedback from patients through patient surveys and complaints received. They had met regularly with the one member of the PPG to discuss and plan proposals for improvements. They had been involved in identifying priorities for the practice and developing the governance and accountability framework for the practice.

Are services well-led?

Good

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

- The practice had also gathered feedback from staff through team away days and generally through staff meetings, appraisals and discussions. 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and were considering innovative methods of delivering primary medical service in the future, such as consultations by skype. However, no firm plans were in place and the practice continued to review opportunities. The practice had actively engaged in the local GP federation to look at ways of improving services locally. The practice regularly used benchmarking information to identify and take action on any areas where they performed less well when compared to other local practices.