

Elsdon Avenue Surgery

Quality Report

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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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Elsdon Avenue Surgery 16 February 2017. Overall, the practice is rated as good.

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

- Staff understood their responsibilities to raise concerns and report incidents and near misses in the practice.
- 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.
- The practice used the information collected for the Quality and Outcomes Framework (QOF), to monitor and improve outcomes for patients. The practice's overall achievement, for 2015/16, was better than the local clinical commissioning group (CCG) and England averages.

- 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 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. This was underpinned by strong, cohesive teamwork and good levels of staff satisfaction.
- 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 regulation.

We saw two areas of outstanding practice:

Summary of findings

- New partners had become involved in the practice and they had been very active in engaging their staff with the changes that were required. The practice kept a “staff worry list” that recorded staff issues so that the practice could set priorities and support staff during the any changes required. Staff we met were engaged and supportive of this process.
- The practice recognised how critical it was to support patients who were also carers. The practice had identified 3.8% of their patient list were carers and this had increased over the past 12 months from 1.9% of their patient list.

There was an area where the provider needs to make improvements.

The provider should:

- Review their risk assessment that led to their decision not to have a defibrillator on the premises.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- 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 were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes and prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, there was an effective safety alert system and safeguarding leads were in place.
- Good infection control arrangements were in place and the practice was clean and hygienic.
- Disclosure and Barring Service (DBS) checks had been completed for all staff that required
- The practice did not have a defibrillator or oxygen but had completed a risk assessment detailing why this was not felt to be necessary. The practice responded immediately and on the day of the inspection we saw evidence that showed that the practice had ordered a supply of oxygen..

Are services effective?

The practice is rated as good for providing effective services.

Good



- We found that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed patient outcomes were above average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 98.4% of the points available in 2015/2016.
- Quality improvement work was taking place, including clinical audit, to improve patient outcomes.
- Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the NHS National GP Patient Survey of the practice showed patient satisfaction levels regarding the quality of GP and nurse consultations and access to appointments, were similar to or above the local CCG and national averages.
- The practice recognised how critical it was to support patients who were also carers. The practice had identified 3.8% of their patient list were carers and this had increased over the past 12 months from 1.9% of their patient list.
- 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 offered by the practice was available; they provided this information on the practice's website and patient leaflet.
- The practice had close links to local and national support organisations and referred patients when appropriate.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had made arrangements to help patients and their carers cope emotionally with their care and treatment.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Data from the National GP Patient Survey, published in July 2016, showed that patients rated the practice above average for access to care and treatment. For example, of those that responded 91% found it easy to get through to the practice by telephone (CCG average 77%, national average 73%) and 78% usually get to see or speak to their preferred GP (CCG average 63%, national average 59%).

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available on the practice website and in the waiting areas.

Are services well-led?

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

- The practice had a clear vision with quality and safety as their top priority. 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.
- New partners had become involved in the practice and they had been very active in engaging their staff with the changes that were required. The practice kept a “staff worry list” that recorded staff issues so that the practice could set priorities and support staff during the any changes required. Staff we met were engaged and supportive of this process.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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.
- 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 proactively sought feedback from staff and patients, which it acted on.
- There was a patient participation group (PPG) and the practice had acted on feedback from the group.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in their population. All patients over the age of 75 had a named GP and patients over the age of 75 were offered an annual health check if required.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were above local and national averages. For example, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with hypertension. This was 1.2% above the local clinical commissioning group (CCG) average and 2.7% above the national average.
- The practice maintained a palliative care register and offered immunisations for shingles and pneumonia to older people.

People with long term conditions

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

Good



- The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and supported by the practice, comprehensive care plans were in place and regularly reviewed.
- Nationally reported data showed that outcomes for patients with conditions commonly found in this population group were generally above local and national averages. For example, the practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with rheumatoid arthritis. This was 2.3% above the local CCG average and 4.3% above the national average.
- Home visits were available when needed and longer appointments were available if requested.
- All patients with a long-term condition had a named GP and were offered a structured annual review to check their health

Summary of findings

and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

- The practice held regular clinics for long terms conditions, for example for patients with diabetes.

Families, children and young people

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

- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were arrangements for new babies to receive the immunisations they needed. Practice childhood immunisation rates were above national averages. The practice had scored 10/10 compared with the national average score of 9.1/10 in respect of the vaccinations given to two year olds.
- Urgent appointments for children were available on the same day.
- Pregnant women were able to access an ante-natal clinic provided by healthcare staff attached to the practice.
- Nationally reported data showed that outcomes for patients with asthma were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 1.1% above the local CCG average and 2.6% above the national average.
- The practice provided contraceptive and sexual health advice.
- The practice had a policy advising young people of their rights in relation to capacity and confidentiality.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice website enabled patients to completed online asthma, depression and alcohol questionnaires. Submitted questionnaires were received by the strategic manager and then reviewed by a clinician who made a decision on the action required.
- Patients could order repeat prescriptions and routine healthcare appointments online.
- Telephone appointments were available.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- The practice's uptake for cervical screening was 79.1%, and slightly below CCG average of 83.8% and the national average of 81.4%.
- Additional services such as new patient health checks, travel vaccinations and joint injections were available.
- The practice website provided a good range of health promotion advice and information.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability; patients with learning disabilities had been invited to the practice for an annual health check. Sixteen patients were on this register, 56% had an annual review and 63% had an influenza vaccination.
- The practice offered longer appointments for patients with a learning disability if requested.
- The practice used 'easy read' letters and appropriate health related information for patients with learning disabilities who were invited for a cervical screening test, this ensured patients could understand the tests and treatment they were offered.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Good arrangements were in place to support patients who were carers.

People experiencing poor mental health (including people with dementia)

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

- The practice had identified 0.9% of their population with enduring mental health conditions on a patient register to enable them to plan and deliver relevant services. Thirty-four patients were on this register, 63% of those had an annual review, 44% had an influenza vaccination. The practice had recently reviewed this register to ensure it was accurate and had taken steps to ensure vulnerable patients and patients unable to leave the house due to illness and/or old age had access to vaccinations.
- Nationally reported data showed that outcomes for patients with mental health conditions were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 3.7% above the local CCG average and 7.2% above the national average.
- Nationally reported data showed that outcomes for patients with dementia were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was 0.9% above the local CCG average and 3.4% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. They carried out advance care planning for patients with dementia. The practice had taken steps to ensure that the practice environment was suitable for patient with dementia, for example we saw signs used pictures and arrows.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs. Staff at the practice had undertaken dementia training to ensure they were aware of the needs of patients with dementia.
- The practice used the services of trainee counsellors to reduce the waiting time for appointments with the counselling service. Patients were made aware they were being seen by a trainee and consented to this.

Summary of findings

What people who use the service say

The National GP Patient Survey results, published in July 2016, showed the practice was performing above the local and national averages in most areas. There were 241 forms sent out and 109 were returned. This is a response rate of 45% and represented 3% of the practice's patient list. Of those who responded:

- 91% found it easy to get through to this surgery by telephone (CCG average 77%, national average of 73%).
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 89% described the overall experience of their GP surgery as good (CCG average 89%, national average 85%).
- 80% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).
- 91% found the receptionists at this surgery helpful (CCG average 89%, national average of 87%).
- 97% said the last appointment they got was very convenient (CCG average 93%, national average 92%).

- 76% described their experience of making an appointment as good (CCG average 75%, national average of 73%).
- 73% usually waited 15 minutes or less after their appointment time to be seen (CCG average 73%, national average 65%).

We reviewed 19 CQC comment cards that patients had completed. All of these were positive about the standard of care received; many of the cards were very positive about the staff at the practice, they were described as helpful, polite and caring.

We spoke with 11 patients during the inspection; including three members of the patient participation group. They said they were happy with the care they received. They said they thought the staff involved them in their care and explained tests and treatment to them. They thought the practice was clean and they said that routine and urgent appointments were always available. They also told us that the practice staff were very helpful and friendly. Some patients told us that they had experienced difficulties in getting correct repeat prescriptions.

Areas for improvement

Action the service **SHOULD** take to improve

- Review their risk assessment that led to their decision not to have a defibrillator on the premises.

Outstanding practice

- New partners had become involved in the practice and they had been very active in engaging their staff with the changes that were required. The practice kept a "staff worry list" that recorded staff issues so that the practice could set priorities and support staff during the any changes required. Staff we met were engaged and supportive of this process.
- The practice recognised how critical it was to support patients who were also carers. The practice had identified 3.8% of their patient list were carers and this had increased over the past 12 months from 1.9% of their patient list.

Elsdon Avenue Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP specialist advisor and expert by experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

Background to Elsdon Avenue Surgery

Elsdon Avenue Surgery is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 3,600 patients from one location. We visited this address as part of the inspection:

- Elsdon Avenue, Seaton Delaval, Whitley Bay, Tyne and Wear, NE25 0BW

Elsdon Avenue Surgery is situated in a converted one-story building. Access to the building is via a ramp. All reception and consultation rooms are fully accessible for patients with mobility issues. Car parking is available close to the practice.

The practice has three part-time GP partners (all female). There were no regular arrangements in place for patients to be able to see a male GP if they wanted to.

The practice employs a part-time strategic manager, a nurse practitioner, two health care assistants with additional administrative duties, an office supervisor and

three staff who undertake reception and administrative duties. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

The practice is a teaching and training practice where third year medical students and registrars gain experience of primary care.

Elsdon Avenue Surgery is open at the following times:

- Monday, Tuesday, Thursday and Friday 8:30am to 12:30pm then 1pm to 5:30pm.
- Wednesday 7:15am to 12:30pm then 1pm to 5:30pm.

The telephones are answered by the practice during their opening hours. This information is also available on the practice's website and in the practice leaflet. The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare, which is locally known as Northern Doctors Urgent Care Limited.

Appointments are available at Elsdon Avenue Surgery at the following times:

- Monday 8:30am to 11:30am and 2pm to 5pm
- Tuesday 8:30am to 11:30am and 2pm to 5:20pm
- Wednesday 8:30am to 11:30am and 2pm to 5pm
- Thursday 8:30am to 11:30am and 2pm to 5pm
- Friday 8:30am to 11:30am and 2pm to 5pm

Extended hours appointments are available from 7:20am to 8am each Wednesday morning with a GP, nurse practitioner or healthcare assistant.

The practice is part of NHS Northumberland clinical commissioning group (CCG). Information from Public Health England placed the area in which the practice is located in the seventh less deprived decile. In general, people living in more deprived areas tend to have greater need for health

Detailed findings

The proportion of patients with a long-standing health condition is slightly below average (50% compared to the national average of 52%). The proportion of patients who are in paid work or full-time employment or education is slightly below average (61% compared to the national average of 63%). The proportion of patients who are unemployed is below average (3.1% compared to the national average of 4.4%).

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 February 2017.

During our visit we:

- Reviewed information available to us from other organisations, such as NHS England.
- Reviewed information from the CQC intelligent monitoring systems.
- Spoke to staff and patients. This included three GPs, the practice manager, the office manager, the nurse

practitioner, the health care assistant who was also the medicines manager and one member of the administration team. Three of the non-clinical staff completed CQC staff questionnaires. We spoke with 11 patients who used the service including three members of the patient participation group (PPG).

- Looked at documents and information about how the practice was managed and operated.
- Reviewed patient survey information, including the National GP Patient Survey of the practice.
- Reviewed a sample of the practice's policies and procedures.

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 were provided for specific groups of people and what good care looked 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.

Are services safe?

Our findings

Safe track record and learning

- Staff told us they would inform the practice manager of any incidents and there was a recording form available for staff to use to document these. The incident recording form supported the recording of notifiable incidents under the duty of candour regulation. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice completed an annual review of their incidents to understand if there were any emerging or recurring themes, this was shared with staff. The practice actively encouraged all staff to report incidents.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written or verbal apology and were told about any actions to improve processes to prevent the same thing happening again. For example, following an incident with an aggressive patient the practice team reviewed and updated their procedure for dealing with aggressive patients to ensure they responded in a way that kept all staff safe.
- The practice carried out a thorough analysis of incidents. We reviewed the forms used to record incidents. These recorded the event and any actions taken by the practice to reduce the risk of the event reoccurring.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS) when appropriate.
- The practice had an effective system for reviewing and acting on safely alerts received.
- member of staff for adult and child safeguarding. The GPs attended safeguarding meetings and 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 children's safeguarding.
- Notices in the clinical rooms advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw that the premises were clean and tidy. The nurse practitioner was the infection control lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. We saw that infection control and hand washing audits were undertaken. The practice had clearly identified areas for improvement and taken action to address the concerns raised. They prioritised the work required to ensure the action was taken based on the level of risk. The infection control lead was very committed the role and engaged the whole practice in ensuring infection control standards were maintained.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We found that:

- 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 whom to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

Are services safe?

- The practice had a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster, which identified local health and safety representatives. The practice had an up to date fire risk assessment 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.
- 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 appropriate 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 that alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had access to a defibrillator in a nearby school and they had carried out a risk assessment to support the decision not to have a defibrillator at the practice. It was possible to access this defibrillator quickly. However, it was not clear what arrangements were in place when the school was closed, for example during school holidays. The practice did not have a supply of oxygen and had carried out a risk assessment to support the decision. On the day of the inspection, however, we saw proof that a supply of oxygen has been ordered and this that would be available soon. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of the medicines we checked were in date and fit for use.
- The practice had a business continuity plan. It included details of actions to be taken in the event of possible disruptions to service, for example, loss of power.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 showed the practice had achieved 98.4% of the total number of QOF points available compared to the local clinical commissioning group (CCG) average of 98.2% and the national average of 95.3%. At 7.7%, their clinical exception-reporting rate was 2.6% below the local CCG average and 2.1% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/2016 showed;

- Performance for the diabetes related indicators was above average (91.2% compared to the national average of 89.8%). The practice's clinical exception rate for diabetes was 9%, which was below the national average of 11.6%.
- Performance for the mental health related indicators was above average (100% compared to the national average of 92.8%). The practice's clinical exception rate for mental health was 7.8%, which was below the national average of 11.6%.
- Performance for the diabetes related indicators was above average (100% compared to the national average of 98.9%). The practice's clinical exception rate for diabetes was 7.8%, which was below the national average of 11.6%.

- Performance for the heart failure related indicators was above average (100% compared to the national average of 98.1%). The practice's clinical exception rate for heart failure was 10.4%, which was above the national average of 9.2%.
- The practice performed well in other areas. For example, the practice had achieved 100% of the points available for 17 of the 19 clinical domains including the arterial fibrillation, cancer, chronic kidney disease and epilepsy domains.

The nurse practitioner reviews the notes of patients who do not respond to invitations for review appointments to ensure it is still appropriate for medications to still be issued. Advice from the GP is taken when required and if necessary patients are contacted by telephone to encourage attendance.

There was evidence of quality improvement including clinical audit.

- We saw evidence of several two-cycle audits that had been completed by the practice in the last 12 months. For example, in order for the practice to become a training practice they had to complete an audit of the accuracy and effectiveness of patient notes. The second cycle of the audit, completed in April 2016, showed that the practice had achieved the 90% standard required; this was an increase of over 74% from the first cycle of the audit in October 2015.
- We reviewed another two-cycle clinical audit on compliance with the practices prescribing processes. The first cycle showed that 83% of the prescriptions had been managed correctly. However, the practice were concerned that this meant that 17% of prescriptions had not been managed appropriately and that there was the potential for harm. The second audit, completed in November 2016, showed that 92% of prescriptions had been managed correctly. Despite this improvement the practice were focused on further improvement and had arranged to discuss the prescribing protocol and lessons learned at an upcoming staff meeting.
- The practice participated in clinical commissioning group (CCG) medicines optimisation and prescribing quality work to provide cost effective care.

Are services effective?

(for example, treatment is effective)

- The practice held a monthly clinical knowledge sharing and clinical audit meetings that ensured the clinical staff were aware of changes to practice, the results of clinical audits and ensure that the practice's clinical policies and procedures were kept up to date.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff, including locum GPs. It covered such topics as safeguarding, fire safety, health and safety and confidentiality. An induction checklist was used to ensure the correct procedures were followed and key training was completed.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by having access to on-line resources and discussion at practice meetings.
- Staff received training which included: safeguarding, basic life support, information governance and equality and diversity.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw that staff training needs were monitored. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- The practice had a clear focus on education and training. The practice is a teaching and training practice where third year medical students and registrars gain experience of primary care. Other staff were encouraged to undertake NVQs at the practice. The practice had also recruited administrative apprentices. We also saw that regular 'tiptoes' meetings where the whole team met to focus on learning and development at the practice. We

saw that these meeting covered topics such as information governance, the new protocol for repeat prescribing, the practices death and bereavement protocols and significant events.

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 and intranet systems.

- This included 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 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, when they were referred or, after they were discharged from hospital.
- We saw evidence that regular MDT meetings took place. At one meeting, the focus was on clinical knowledge sharing and clinical audit. The focus at another meeting was frail elderly patients at high risk of hospital admission and patients requiring end of life care. The needs of these patients were discussed and, where appropriate, care plans were agreed. Patients on this register were given access to a separate telephone number so they could contact a GP when the practice was closed for training. The practice also held regular referral meetings to share learning from referrals and review possible referrals with colleagues.

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 their capacity and, recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

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

- This included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation.
- Information such as NHS patient information leaflets was also available.
- The practice's website provided a good range of health information and details of support services available for patients.

The practice's uptake for cervical screening was 79.1%, compared to the CCG average of 83.8% and the national average of 81.4%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice used 'easy read' letters and appropriate health related information for patients with learning disabilities who were invited for a cervical screening test, this ensured patients could understand the tests and treatment they were offered.

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

- The uptake of breast screening by females aged between 50 and 70 was 72.2% during the previous 36 months, and was slightly below the national average of 78.2%.
- The uptake of bowel cancer screening by patients aged between 60 and 69, during the previous 30 months, was comparable to the national average, 56% compared to 57.9%.

Childhood immunisation rates for the vaccinations given were above national average. For example, the practice had scored 10/10 compared with the national average score of 9.1/10 in respect of the vaccinations given to two year olds. The practice worked to encourage uptake of screening and immunisation programmes with the patients at the practice.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We saw that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- On the day of the inspection, we saw that staff were very caring and that they treated the patients with respect.

We reviewed 19 Care Quality Commission comment cards completed by patients. All of these were very positive about the care and service experienced. Several said the care provided was very good and that the staff at the practice were caring, polite and/or professional.

Results from the National GP Patient Survey, published in July 2016, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. Of those who responded:

- 96% said they had confidence and trust in the last GP they saw or spoke to (CCG average 97%, national average 95%).
- 90% said the GP they saw or spoke to was good at listening to them (CCG average 91%, national average 89%).
- 90% said the GP they saw or spoke to gave them enough time (CCG average 89%, national average 87%).
- 90% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 100% had confidence or trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).
- 96% said the last nurse they saw or spoke to was good at listening to them (CCG average 94%, national average 91%).

The practice gathered patients' views on the service through the national friends and family test (FFT). (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to

improve services. It is a continuous feedback loop between patients and practices). Few patients had completed the survey in the last few months. Of the two feedback forms completed in February 2017 both said they were extremely likely to recommend the service to family and friends.

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey, published in July 2016, showed patients were satisfied when they were asked questions about their involvement in planning and making decisions about their care and treatment. Of those who responded:

- 89% said the last GP they saw was good at explaining tests and treatments (CCG average of 90%, national average of 86%).
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 82%).
- 92% said the last nurse they saw was good at explaining tests and treatments (CCG average 92%, national average 90%).
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A portable hearing loop was available for patients who were hard of hearing.

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 website also provided a range of health advice and information.

The practice's computer system alerted GPs if a patient was also a carer. The practice had links to support organisations

Are services caring?

and referred patients when appropriate. The practice had recently reviewed their carers register and had increased the number of patients identified as being a carer from 69 to 135 (3.8% of the practice patient population). Eighty-one percent of carers on this register had an influenza immunisation completed in the last year. The practice did not formally record health checks carried out on carers,

however, they were offered. The practice planned to introduce a new clinical system shortly; this would enable them to accurately record carers health checks when they were completed.

Staff told us that if families had suffered bereavement, the practice would offer support in line with the patient's wishes.

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 clinical commissioning group (CCG) to secure improvements to services where these were identified.

The practice was aware of the needs of their practice population and provided services that reflected their needs. We found that:

- When a patient had more than one health condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- The practice held regular clinics to provide childhood immunisations.
- There were longer appointments available for patients with a learning disability, patients with long term conditions and those requiring the use of an interpreter when requested.
- The practice used 'easy read' letters and appropriate health related information for patients with learning disabilities who were invited for a cervical screening test, this ensured patients could understand the tests and treatment they were offered
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Extended hours appointments were available from 7:20am to 8am each Wednesday morning with a GP, nurse practitioner or healthcare assistant.
- Patients told us that routine and urgent appointments were available when required.
- Additional services such as new patient health checks, travel vaccinations and joint injections were available.
- Smoking cessation support and dietary advice was provided by the practice.
- There were disabled facilities, a portable hearing loop and translation services were available.
- Patients could order repeat prescriptions and book GP appointments on-line.
- The practice provided contraceptive and sexual health advice to patients.
- The practice website enabled patients to complete online asthma, depression and alcohol questionnaires. Submitted questionnaires were received by the strategic manager and then reviewed by a clinician who made a decision on the action required.
- The practice used the services of trainee counsellors to reduce the waiting time for appointments with the counselling service. Patients were made aware they were being seen by a trainee and consented to this.
- Patients who thought that they needed to see a GP before the next available routine GP appointment would be offered an assessment appointment at the end of the clinical session so they would always be seen that day
- The surgery offered an International Normalised Ratio (INR) test for patients on warfarin. The INR is a blood test that needs to be performed regularly on patients who are taking warfarin to determine their required dose. By being able to have the test at the surgery or at home, patients did not have to travel to their local hospital for the test.
- A regular practice newsletter was produced that provided information on the services available and any changes at the practice.
- The practice's website showed patients which GP's worked each day.
- A retinal screening clinic is held at the practice.

However, we did not see any evidence that arrangements had been made for patients to be able to see a male GP if they wanted to. The practice was aware that this was an issue for some patients and were working to address this. They were in discussion with another local practice on how both practices could offer each other support (including access to a male GP and minor surgery), it was hoped to confirm this arrangement soon. Some of the GP registrars who were based at the practice were male.

Access to the service

Appointments were available at the following times:

- Monday 8:30am to 11:30am and 2pm to 5pm
- Tuesday 8:30am to 11:30am and 2pm to 5:20pm
- Wednesday 8:30am to 11:30am and 2pm to 5pm
- Thursday 8:30am to 11:30am and 2pm to 5pm
- Friday 8:30am to 11:30am and 2pm to 5pm

Extended hours appointments were available from 7:20am to 8am each Wednesday morning with a GP, nurse practitioner or healthcare assistant.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the National GP Patient Survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was generally mixed compared with local and national averages. Of those who responded:

- 75% of patients were satisfied with the practice's opening hours (CCG average 76%, national average of 76%).
- 91% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 82% patients said they able to get an appointment or speak to someone last time they tried (CCG average 86%, national average 85%).
- 58% feel they normally don't have to wait too long to be seen (CCG average 66%, national average 58%).
- 76% describe their experience of making an appointment as good (CCG average 75%, national average 73%).

Patients told us they were able to get appointments when they needed them. The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was done by gathering information from the patient when they called to request an urgent appointment. Patients who thought that they needed to see a GP before the next available routine GP appointment would be offered an assessment appointment at the end of the next clinical session so would always be seen that day. Patients were made aware that this appointment was to deal with a single urgent issue only.

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

We spoke with 11 patients during the inspection, including three of whom were a members of the patient participation group. They told us that routine and urgent appointments were available when required. On the day of the inspection, a routine appointment with a GP was available the following day. The next available appointment with the nurse practitioner was 27 February 2017, which was seven working days later.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice; GPs provided clinical oversight when required.
- We saw that information was available to help patients understand the complaints system. Information was on display in the reception area and on the practice website.

We looked at two of the six complaints received in the last 12 months and found that these were dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints, and action was taken as a result to improve the quality of care. When appropriate details of complaints were shared with the patient participation group.

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:

- 'To work hard to provide our patients with the best care we can offer.'
- 'To inspire the next generation of doctors and nurses to follow us into primary care.'
- 'To work together as a nurturing team.'

The whole practice team had helped develop the surgery business plan for 2014-2016. They agreed the areas of work required, outcomes, timescale and actions required. We saw that the majority of the areas of work had been completed. The plan had now been updated for 2016-2018 we saw that the practice was already making progress to complete work identified to make them 'more effective and efficient'.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of their strategy and good quality care. This outlined the structures and procedures staff had put in place to achieve this.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs, nurses and the practice management team held lead roles.
- The governance of the practice supported a comprehensive understanding of the performance of the practice. For example, the practice's Quality and Outcomes Framework (QOF) performance was discussed regularly.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

The practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners 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 regulation. However, a strengthened process for managing significant events would support this ethos.

(The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place for knowing about notifiable safety incidents.

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

- The practice held regular practice meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and were supported if they did.
- Practice specific policies were implemented and were available to all staff.
- Staff said they felt respected, valued and supported by the partners. During the inspection we saw that staff and the management of the practice had very good working relationships.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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

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

The practice had gathered feedback from patients through:

- Their patient participation group (PPG), surveys and complaints received. The group met regularly, and had terms of reference in place. The PPG were actively consulted on possible changes, for example, they had helped to test the new practice website. The practice responded to issues raised by the group and they shared the issues raised when complaints were made as far as possible. The PPG told us that the practice was always open and honest with them. Information on the PPG was displayed in the waiting area and on the practice website. The group had helped to plan an open day to mark the retirement of the previous GP and the handover to the new partnership.

Are services well-led?

Good 

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

- The practice had surveyed patients to find out that would be the most suitable time for extended hours appointments to be made available. Most patients had said that early morning appointments would be useful; the practice had acted on this and introduced early appointments one day per week. The practice had also consulted the PPG on this change.
- The practice had reviewed the results of the last patient survey and taken action to address the areas where they felt they needed to improve. For example, they had extended the use of telephone consultations to improve access to a patient's preferred GP.
- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. New partners had become involved in the practice and they had been very active in engaging their staff with the changes that were required. The practice kept a "staff worry list" that recorded staff issues so that the practice could set priorities and support staff during the any changes required. Staff we met were engaged and supportive of this process.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking and was planning effectively for changes at the practice.

Since the partners took over all the practice in 2015 all of the practice's systems and processes have been reviewed and formalised. All staff were engaged with these processes and aware of the consequent changes. The practice demonstrated that they had put in place a new team structure, improved the premises and had intensified their focus on education and training for medical students and their own staff. All of the staff we spoke to spoke positively about working at the practice. We saw a supportive team environment and a commitment to developing the practice to meet the needs of their patients and to provide safe and effective care while managing the changes that had been required.