

Westerhope Medical Group

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 Westerhope Medical Group on 21 October 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 understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses
- 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 were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- Demand for appointments was continually monitored and the number of GP appointments increased if necessary. Nurse practitioners had been employed on a locum basis to free up GP appointment time
- Both the main and branch surgeries had good facilities and were 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. For example, apologies were issued where complaints had been upheld or errors discovered.

There were areas where the provider should make improvements. The practice should:

Summary of findings

- Take action to ensure confidentiality at the Denton Road branch surgery is maintained by ensuring the computer screen behind the reception desk cannot be seen through the window in the entrance hall.
- Review the systems in place to gain assurance that all cascaded patient safety alerts are acted upon appropriately
- Review the flooring in use in the treatment room of the main surgery at Stamfordham Road in line with best practice infection prevention and control guidance
- Repair or replace the carpet on the stairs leading to the upper floor of the Denton Road branch surgery premises. Although patients were not required to use these stairs, the missing carpet and resulting uneven surface could present a slip or trip hazard for staff
- Ensure updated Legionella risk assessments are completed for the main and Denton Road branch surgeries
- Review the process currently in place to deal with patients who frequently failed to attend appointments to improve the quality of service and access for others

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. We found significant events were recorded, investigated and learned from. Appropriate recruitment checks had been carried out for staff including Disclosure and Barring Service (DBS) checks for those who acted as chaperones. There were infection control arrangements in place and all three premises were clean and hygienic. Systems and processes in place for the safe management of medicines were generally good but the practice did not have a process in place to ensure appropriate action had been taken in relation to patient safety alerts. There were also a few premises related issues such as carpet in the treatment room of the main surgery (which presented an infection control risk); missing carpet on one of the stair treads at the Denton Road branch surgery (which could present a slip or trip hazard for staff) and a lack of legionella risk assessments at the main and Denton Road branch surgery.

Good



Are services effective?

The practice is rated as good for providing effective services. Nationally reported Quality and Outcomes Framework (QOF) data showed the practice had performed well in providing recommended care and treatment to their patients. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included promoting good health, and providing advice and support to patients to help them manage their health and wellbeing. Staff worked with other health care professionals to help ensure patients' needs were met. There was an effective staff appraisal system and, overall, staff had access to the training they needed to carry out their duties. Staff had completed a variety of clinical audits and used these to improve patient outcomes.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment. Results from the National GP Patient Survey showed patients were satisfied with the quality of the care and treatment they received from their GPs and nurses. During the inspection we saw staff treating patients with kindness and respect, and they maintained patient confidentiality. The only exception to this was that due to the layout

Good



Summary of findings

of the building at the Denton Road branch surgery and position of the computer screen on the reception desk, the data on the computer screen could easily be seen through a window between the entrance hall and the reception back office area.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. They reviewed the needs of its local population and engaged with the clinical commissioning group (CCG) in an attempt to secure improvements to services where these were identified. Patients said that it was hard to get through to the surgery by phone and that they experienced difficulty in getting an appointment with a GP. However, they also said urgent appointments were available the same day and that there was continuity of care. The practice was taking action in response to these concerns by monitoring demand and increasing the number of GP appointments as and when possible. They had also installed a semi-automated telephone system with call queuing facility. 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.

Good



Are services well-led?

The practice is rated as good for being well-led. They had a clear vision for the future and staff were clear about their responsibilities in relation to these. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had a patient participation group (PPG) which was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. They offered proactive, personalised care to meet the needs of the older people in its population. For example, the practice participated in the direct enhanced service to prevent unplanned admissions to hospital and had been proactive in identifying patients at high risk of hospital admission or re admission. These patients (and their family members and/or carers if requested) were invited to attend an hour long appointment to consider their specific needs, develop care plans and discuss do not resuscitate (DNA CPR) agreements if appropriate.

The practice was responsive to the needs of older people, including offering home visits. Patients over the age of 75 had a named GP.

The practice had developed a red/amber/green (RAG) rated palliative care register and worked well with other multi-agency practitioners to ensure end of life patients were well supported. One of the practice partners was the local clinical commissioning group (CCG) lead for palliative care.

Good



People with long term conditions

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

The practice had recently introduced a combined long term condition review for patients with more than one long term condition. The practice computer system was used to flag when patients were due for a review, which was designed to coincide with a patients birthday month. The length of the appointment was adjusted dependent on individual need.

There were lead GPs for common long term conditions such as diabetes, cardiovascular disease and mental health issues and the practice nurses had all received specific training in spirometry, diabetes, asthma, chronic heart disease and chronic obstructive pulmonary disease. The practice held a weekly diabetes clinic.

Longer appointments and home visits were available when needed following triage by a nurse practitioner. The practice actively participated in the CCG 'Ways to Wellness' social prescribing initiative which is a service designed to add to a patient's medical support by supporting patients with a long term conditions to better manage their condition.

Good



Summary of findings

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved good outcomes in relation to the conditions commonly associated with this population group. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma compared to the local CCG average of 96.6% and national average of 97.4%.

Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, such as those subject of child protection plans or at risk of sexual exploitation.

Children's clinics and immunisations were available across all three sites and immunisation rates were mostly higher than local CCG and national averages. The practice had worked with health visitors to target children requiring pre-school boosters and had managed to ensure that over 90% of relevant children had received these.

Nationally reported data showed that the majority of the practice childhood immunisation rates were in line with or above national averages. For example, the meningitis C vaccination had been given to 98.1% of the practice's 12 month old population (national average 97.1%); 98.3% of two year olds (national average 95.5%) and 98.9% of five year olds (national average 94.5%).

Antenatal clinics were held on a Tuesday, Wednesday and Friday at the Westerhope surgery and on a Monday at the Blakelaw clinic. Appointments were available outside of school hours and the premises were suitable for children and babies.

The percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 80% (national average 82%).

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). 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 was proactive in offering online services which included booking appointments and ordering repeat prescriptions. There was a full range of health promotion and screening that reflected the needs for this age group, including a women's health

Good



Summary of findings

clinic which covered areas such as diet, smoking and breast awareness. The practice also offered a contraception service which included emergency contraception and the insertion and removal of contraceptive implants.

The practice offered extended opening hours on a Monday and alternate Wednesday/Thursday evenings at two of their surgeries. Telephone consultations were available on request. Minor surgery clinics were available as and when required.

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 GPs had received training to help them understand the requirements of the Mental Capacity Act and also on safeguarding adults and domestic violence. Requests for information for multi-agency risk assessment conferences (MARAC), which considered the needs of people at high risk of abuse and/or domestic violence, were dealt with quickly by the GP who knew the patient best and this information was coded and added as an alert to the patient's computer record.

Patients with a learning disability were offered an annual review which was often carried out as home visits or at later appointments at quieter times as these were considered to be less stressful for the patient.

The practice GPs were experienced in caring for patients where substance misuse was an issue and had a number of patients on withdrawal programmes. The practice worked with a practitioner from the local Drug, Alcohol and Addictions Service, who attended the practice once a month, to support these patients.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health.

Lead GPs had been identified for patients suffering from dementia and mental health conditions and these patients were offered physical health checks. Primary Care psychology staff, including counsellors, low intensity mental health workers, mental health practitioners and psychologists attended the surgery regularly to deliver advice, support and therapy to patients in need of their services.

Good



Summary of findings

What people who use the service say

We spoke with five patients on the day of our inspection, which included two members of the practice's patient participation group (PPG).

All of the patients we spoke with were satisfied with the care they received from the practice. Words used to describe the practice included caring, professional and excellent. They told us staff were friendly and helpful and they received a good service.

We reviewed 46 CQC comment cards completed by patients prior to the inspection. The cards completed were mostly positive with patients using words such as helpful, caring, excellent, polite, professional, lovely, informative, top notch, efficient and five-star. Negative comments were mostly in relation to difficulty in getting through to the surgery on the phone and difficulty in getting an appointment although two expressed dissatisfaction about not being listened to by their GP and about their GP being dismissive during a consultation.

The latest GP Patient Survey published in July 2015 showed that scores from patients varied in relation to national and local averages. Patients who described their overall experience as good was 85.9%, which was in line with the local clinical commissioning group (CCG) average of 86.3% and the national average of 84.8%. Other results were as follows;

- The proportion of patients who would recommend their GP surgery – 61.2% (local CCG average 79.1%, national average 77.5%).

- 91.3% said the GP was good at listening to them compared to the local CCG average of 90.4% and national average of 88.6%.
- 93.3% said the GP gave them enough time compared to the local CCG average of 88.3% and national average of 86.6%.
- 89.8% said the nurse was good at listening to them compared to the local CCG average of 92.3% and national average of 91%.
- 92.3% said the nurse gave them enough time compared to the local CCG average of 93.7% and national average of 91.9%.
- 42.6% said they found it easy to get through to this surgery by phone (local CCG average 78.5%, national average 73.3%).
- Percentage of patients who were able to see or get to speak to their usual GP - 51% (local CCG average 61.1%, national average 60%).
- Percentage of patients who usually had to wait 15 minutes or less after their appointment time to be seen- 65.7% (local CCG average 67.9%, national average 64.8%).
- Percentage of patients who find the receptionists at this surgery helpful – 81.9% (local CCG average 87.2%, national average 86.8%).

These results were based on 111 surveys that were returned from a total of 331 sent out; a response rate of 33.5% and 0.89% of the entire practice population.

Areas for improvement

Action the service SHOULD take to improve

- Take action to ensure confidentiality at the Denton Road branch surgery is maintained by ensuring the computer screen behind the reception desk cannot be seen through the window in the entrance hall.
- Review the systems in place to gain assurance that all cascaded patient safety alerts are acted upon appropriately
- Review the flooring in use in the treatment room of the main surgery at Stamfordham Road in line with best practice infection prevention and control guidance
- Repair or replace the carpet on the stairs leading to the upper floor of the Denton Road branch surgery premises. Although patients were not required to use these stairs, the missing carpet and resulting uneven surface could present a slip or trip hazard for staff

Summary of findings

- Ensure updated Legionella risk assessments are completed for the main and Denton Road branch surgeries
- Review the process currently in place to deal with patients who frequently failed to attend appointments to improve the quality of service and access for others

Westerhope Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor and a specialist advisor with experience of GP practice management.

Background to Westerhope Medical Group

Westerhope Medical Group provides care and treatment to approximately 12,450 patients from the Westerhope, Blakelaw, Newbiggin Hall Estate, East and West Denton, Denton Burn, Chapel Park, Newburn, Lemington, Benwell, Scotswood and Cowgate areas of Newcastle Upon Tyne. It is part of the NHS Newcastle and Gateshead clinical commissioning group (CCG) and operates on a personal medical services (PMS) contract.

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

Main Surgery:

377–377A Stamfordham Road, Newcastle Upon Tyne, NE5 2LH

Branch Surgeries:

Blakelaw Clinic, Springfield Road, Blakelaw, Newcastle Upon Tyne, NE5 3DS

Denton Road Surgery, 452 Denton Road, Denton Burn, Newcastle Upon Tyne, NE15 7HD

Although patients are registered at a particular location they are able to visit any of the surgeries if necessary.

The main surgery has a list size of 8600 patients and is located in converted residential premises which have been extended over the years it has been occupied by Westerhope Medical Group. There is good disabled access with all communal areas, waiting areas and consultation rooms being fully accessible for patients with mobility issues. A small car park is available to the rear of the building and on street parking is available nearby.

The branch surgery at Denton Road has a list size of 1400 patients and is located in a converted domestic property. Disabled access here is limited. A limited number of car parking spaces are available on site to the front and the rear of the building and on street parking is available nearby.

The branch surgery at the Blakelaw Clinic has a list size of 2400 patients is located in a modern purpose built health centre with ample on site car parking, including dedicated disabled spaces and excellent facilities for people with mobility issues.

Practice opening and appointment hours are as follows:

Main Surgery

Monday:

8:00am to 1:45pm (appointments 9:00am to 11:40am)

4:00pm to 6:00pm (appointments 4:00pm to 5:40pm)

6:30pm to 8:00pm (appointments 6:30pm to 7:40pm)

Tuesday, Wednesday, Thursday and Friday:

8:00am to 12:30pm (appointments from 9:00am to 11:40am)

1:00pm to 6:00pm (appointments from 3:40pm to 5:40pm)

Detailed findings

The main surgery is also open until 8:00pm on either a Wednesday or Thursday on an alternate week basis (appointments from 6:30pm to 7:40pm)

Denton Road

Monday:

8:30am to 12:30pm and 3:45pm to 6:00pm (nurse appointments only am; GP appointments from 4:00pm to 5:40pm)

Tuesday:

8:30am to 12:00 midday (appointments from 9:00am to 11:40am)

Wednesday and Friday:

8:30am to 12:00 midday (nurse appointments only am; GP appointments from 3:00pm to 5:20pm)

Thursday:

8:30am to 12:00 midday (children's clinic from 10:30am to 12:00 midday)

Blakelaw Clinic

Monday:

8:30am to 12:30pm (appointments from 9:00am to 11:40am)

3:45pm to 8:00pm (appointments from 4:00pm to 5:40pm and 6:30pm to 7:40pm)

Tuesday and Friday:

8:30am to 12:30pm (appointments from 9:00am to 11:40am)

2:30pm to 6:00pm (appointments from 3:30pm to 5:40pm)

Wednesday:

8:30am to 12:30pm (appointments from 9:00am to 11:40am)

1:30pm to 6:00pm (appointments from 3:40pm to 5:40pm)

Thursday:

8:30am – 12:30pm (appointments from 9:00am to 11:40am)

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

Westerhope Medical Group offers a range of services and clinic appointments including chronic disease management clinics, cervical screening, contraceptive services, childhood immunisations, maternity services, minor surgery and smoking cessation. The practice consists of:

- Four GP partners (two male and two female)
- Two salaried GPs (both male)
- Nursing staff including two nurse practitioners, three practice nurses and a treatment room nurse
- A health care assistant
- 16 non-clinical staff members including a practice manager, executive officer, information officer, IT officer, reception supervisor, receptionists and secretaries
- Two cleaners

The practice is a teaching and training practice and provides training to 4th and 5th year medical students as well as GP trainees.

The area in which the practice is located is in the second most deprived decile. In general people living in more deprived areas tend to have greater need for health services. The practice's age distribution profile showed a higher percentage of patients aged 24 and under than the national average.

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. This 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

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

Detailed findings

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

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

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

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England.

We carried out an announced visit on 21 October 2015. During our visit we spoke with a range of staff. This included four GPs, the practice manager, a practice nurse, a district nurse, the information officer, a secretary and a receptionist. We also spoke with five patients, two of whom were members of the practice patient participation group (PPG). We reviewed 46 CQC comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

As part of planning our inspection we looked at a range of information available about the practice including information from the latest National GP Survey results published in July 2015 and the Quality and Outcomes Framework (QOF) results for 2014/15. None of this information identified any concerning indicators about the practice. The local clinical commissioning group (CCG) did not raise any concerns with us about how the practice operated. Patients we spoke with told us they felt safe when they attended appointments and comments from patients who completed Care Quality Commission (CQC) comment cards reflected this.

The practice used a range of information to identify potential risks and to improve quality in relation to patient safety. This included reported incidents, national patient safety alerts, comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report accidents and near misses.

We reviewed a sample of significant event audit records and serious incident reports. This included an incident where hospital discharge information had been scanned onto the records of a patient with the same name. We saw evidence to confirm that the matter had been reported appropriately and the correct remedial action taken. In addition the practice had introduced a flagging system on their computer system to alert all staff that there was another patient with the same name, highlighting the need to ensure they had selected the correct patient. Significant events were discussed and reviewed at regular team meetings and at an annual review meeting to ensure trends and themes were identified and acted upon. The practice had recorded 27 significant events during 2014.

The practice manager was responsible for ensuring national patient safety alerts were disseminated to relevant clinical staff, which was achieved by email. There was no process in place, however, to ensure these emails had been read or acted upon

Overview of safety systems and processes

The practice could demonstrate its safe track record through having systems in place for safeguarding, health and safety including infection control, and staffing. However, there were areas where improvements were required:

- Arrangements were in place to safeguard adults and children 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- There were notices displayed in consultation rooms, advising patients that they could request a chaperone, if required. This role was usually carried out by one of the practice nurses but members of the administration staff team were also called upon when required. However, all staff who carried out this role had received appropriate training and 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).
- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy and risk assessment. The premises manager was responsible for health and safety and had attended external health and safety courses to learn more about these types of risks to the practice. The practice had fire risk assessments in place and staff had received fire awareness training. Fire alarms were tested on a weekly basis. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurses was the infection control lead. Staff had received infection control training. We saw evidence of infection control audits being completed, one of which had raised concerns regarding cleanliness in some of the consultation rooms. This was due to the fact that the cleaning staff had not been able

Are services safe?

to access these rooms as consultations had been taking place during the time they were on duty. As a result the practice reviewed the cleaning timetable to ensure the rooms were able to be cleaned regularly.

- There was a carpet in the treatment room of the Stamfordham Road surgery which contravenes best practice guidance in relation to infection prevention and control.
- The practice did not have up to date legionella risk assessments for the Stamfordham Road and Denton Burn premises, both of which were owned by the GP partners. The last legionella risk assessment, carried out by Northumbria Water in 2012 did not identify any concerns in relation to the Denton Burn and newer part of the Stamfordham Road premises which relied on combination boiler water systems. However, concerns had been identified in respect of the older part of the Stamfordham Road premises where it had been recommended that the entire water and heating system required replacing. As this work would involve structural alterations in addition to changing the water system this work had been delayed due to financial constraints and until an asbestos survey could be completed. The practice was now in the process of planning for this work.
- We saw that prescription pads were securely stored and blank prescription forms were handled in accordance with national guidance. We looked at the emergency equipment and saw that this was regularly checked and in date. We saw that all other arrangements for managing medicines, including vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, one of the sharps boxes in the Denton Road surgery had not been dated on assembly and there was no system in place to review or consider why repeat prescription requests had not been collected.

- There was carpet missing from one of the stair treads leading to the upstairs floor of the Denton Road surgery, resulting in an uneven surface. Although patients were not required to use these stairs this could present a slip or trip hazard for staff members.
- Recruitment checks were carried out and the files we sampled showed 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 DBS checks.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs across all three sites. There were policies in place regarding the number of staff required to be on duty and annual leave was planned well in advance. Demand for appointments was continually monitored and consideration given to increasing the number of GP sessions delivered as and when required.

Arrangements to deal with emergencies and major incidents

All staff received basic life support training and there were emergency medicines available in the practice. The practice had a 'crash trolley' at each site which contained a defibrillator, oxygen with adult and children's masks and other emergency equipment. There was an 'emergency' GP on duty each day whose role included dealing with any emergency situations which may arise. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

The practice had a service continuity plan in place for major incidents such as building damage. The plan included emergency contact numbers for staff, details of reciprocal arrangements with other practices and was updated on a regular basis.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessment and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and used this information to develop how care and treatment was delivered to meet needs. However, the practice could not demonstrate to us that there was an effective system in place to ensure all clinical staff were kept up to date.

Management, monitoring and improving outcomes for people

The clinical staff monitored how well the practice performed against key clinical performance indicators such as those contained within the Quality and Outcomes Framework (QOF).

The practice was able to demonstrate that it undertook clinical audit cycles to help improve patient outcomes. We saw evidence of two cycle audits; for example of the prescribing of statins (a medicine used to lower cholesterol) and of blood monitoring for patients prescribed lithium (a mood stabiliser prescribed to patients with bipolar affective disorder). As a result of the statin audit the practice had reviewed its prescribing guidelines and identified patients who would benefit from a different type of cholesterol lowering medication.

The practice used the information collected from QOF and performance against national screening programmes to monitor outcomes for patients. For example, the data showed:

- Performance for asthma related indicators was better than the local CCG and national averages (100% compared to 96.6% locally and 97.4% nationally).
- Performance for diabetes related indicators was worse than the local CCG and national averages (76.7% compared to 92% locally and 89.2% nationally).
- Performance for mental health related indicators was below the local and national averages (88.5% compared to 92.7% locally and 92.8% nationally).
- Performance for dementia indicators was above the national average (100% compared to 95.3% locally and 94.5% nationally).

The practice had obtained 90.7% of the points available to them in relation to QOF and had obtained maximum points for delivering a good standard of care to patients with a range of conditions including asthma, atrial fibrillation, cancer, dementia, epilepsy, heart failure, osteoporosis and rheumatoid arthritis and to patients with a learning disability or those in need of palliative care. At 7.1% their clinical exception rate (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) was below the local CCG average of 8.9% and national average of 9.2%. This suggests that the practice operated an effective patient recall system, where staff were focussed on following patients up and contacting non-attenders.

The practice had a palliative care register and held monthly multi-disciplinary palliative care meetings discuss the care and support needs of palliative care patients and their families.

Since 2011 the practice had been part of a pilot scheme which was looking at redesigning the physiotherapy service and musculoskeletal pathway. This meant that the practice worked with a physiotherapist separate to the community physiotherapy service which had improved the referral process. The physiotherapist also delivered educational sessions to staff on topics such as back care.

Effective staffing

The staff team included medical, nursing, managerial and administrative staff. The partnership consisted of four GP partners. We reviewed staff training records and found that staff had received a range of mandatory and additional training. This included basic life support, fire safety, infection control, information governance, safeguarding and appropriate clinical based training for clinical staff.

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list). The practice nurses reported they were

Are services effective?

(for example, treatment is effective)

supported in seeking and attending continual professional development and training courses. The practice was also a teaching and training practice for fourth and fifth year medical students and GP registrars.

All staff undertook annual appraisals in the form of individual development reviews from which personal development plans listing training requirements were developed. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses.

We looked at staff cover arrangements and identified that there were sufficient GPs on duty when the practice was open. Holiday, study leave and sickness were covered in house whenever possible.

Demand for appointments across all three sites was continually monitored and GP sessions increased as and when necessary. This was evidenced by the fact that the practice had increased the number of appointments they could offer consistently, from 680 appointments per week in 2006 to 914 appointments per week in 2015.

The practice also employed two nurse practitioners (one full time equivalent) on a locum basis to reduce demand for GP appointments. The nurse practitioners were responsible for triaging requests for home visits and seeing patients for whom an emergency same day appointment was necessary.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that formal multi-disciplinary team meetings took place monthly and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients were supported to express their views and were involved in making decisions about their care and treatment. Of the 111 patients who participated in the National GP Patient Survey published in July 2015, 83.1% reported the last GP they visited had been good at involving them in decisions about their care. This compares to a national average of 81.4% and local clinical commissioning group average of 83.8%. The same survey revealed that 83% of patients felt the last nurse they had seen had been good at involving them in decision about their care compared with a national average of 84.8% and local CCG average of 86.7%.

Staff told us they ensured they obtained patients' written, verbal or implied consent before undertaking any care or treatment and acted in accordance with their wishes.

The clinicians we spoke with showed they were knowledgeable of Gillick competency assessments of children and young people. Gillick competence is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. Staff also understood the relevant consent and decision-making requirements of the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

There was a range of information on display within the waiting areas and on health information TV screens across all three sites which included, for example, information on living with cancer and preventing shingles. There were also separate notices for carers and in relation to dementia. The practice website included links to a range of patient information including family health, long-term conditions and minor illnesses.

We found patients with long-term conditions were recalled to check on their health and review their medications for effectiveness. Processes were in place to ensure the regular screening of patients was completed, for example, cervical screening. Performance in this area for 2013/14 was 80% which was comparable to the national average of 81.9%.

Are services effective? (for example, treatment is effective)

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. On the basis of the nationally reported data available to the Care Quality Commission (CQC), we saw that, where comparisons allowed, the delivery of the majority of childhood immunisations was in line with or higher than the local CCG average. The percentage of patients in the 'influenza clinical risk group', who had received a seasonal flu vaccination, was 45.7%

(national average 52.3%) and the percentage of patients aged 65 or older who have received a seasonal flu vaccination was 70% compared to a national average of 73.2%.

The practice also offered new patient and over 75 health checks. NHS health checks for the 40 to 74 year old age group were available on request but were not advertised.

The practice health care assistant had been trained to be a smoking cessation advisor.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The patients we spoke with said they were treated with respect and dignity by the practice staff. Comments made by patients on Care Quality Commission (CQC) comment cards reflected this. We reviewed 46 CQC comment cards completed by patients prior to the inspection. The cards completed were mostly positive with patients using words such as helpful, caring, excellent, polite, professional, lovely, informative, top notch, efficient and five-star. Negative comments were mostly in relation to problems experienced in trying to get through to the surgery on the phone and difficulty in getting an appointment. We also spoke with five patients, two of whom were members of the patient participation group. They also told us the practice performed well and was proactive in meeting the needs of the patients.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was generally in line with or above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 94.5% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.7% and the national average of 95.2%.
- 88.2% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86.8% and the national average of 85.1%.
- 99.2% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97.7% and the national average of 97.1%.
- 91.1% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.7% and the national average of 90.4%.
- 81.9% said they found the receptionists at the practice helpful compared to the CCG average of 87.2% and the national average of 86.8%.

We observed staff who worked in the reception area and other staff as they received and interacted with patients. Their approach was considerate and caring whilst

remaining respectful and professional. We saw that any questions asked or issues raised by patients were handled appropriately and the staff involved remained polite and courteous at all times.

Reception staff made efforts to ensure patients' privacy and confidentiality was maintained. Voices were lowered and personal information was only discussed when absolutely necessary. Separate rooms were available in the main and branch surgeries if a patient wished to speak to a receptionist in private. Our only concern in relation to confidentiality was that, due to the layout of the building, the data on the computer screen behind the reception desk of the Denton Road Surgery could easily be seen through a window in the entrance hall. We reported this finding to practice management on the day of the inspection and were assured that remedial action would be taken immediately.

Staff were familiar with the steps they needed to take to protect patients' dignity. Consultations took place in rooms with an appropriate couch for examinations and curtains to maintain privacy and dignity. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in those rooms could not be overheard.

Staff were aware of the need to keep records secure and maintain confidentiality and had received training on information governance. We saw that patient records were computerised and systems were in place to keep them safe in line with data protection legislation.

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 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 or just below local and national averages. For example:

Are services caring?

- 91.3% said the GP was good at listening to them compared to the CCG average of 90.4% and the national average of 88.6%.
- 93.3% said the GP gave them enough time compared to the CCG average of 88.3% and the national average of 86.6%.
- 90.3 said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.1% and the national average of 86%.
- 83.1% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83.8% and the national average of 81.4%.
- 89.8% said the last nurse they spoke to was good listening to them compared to the CCG average of 92.3% and the national average of 91%.
- 92.3% said the nurse gave them enough time compared to the CCG average of 93.7% and the national average of 91.9%.

We saw that a translation and interpretation service was available for patients who did not have English as their first language. Staff told us this service was well used as the practice had a high proportion of Czechoslovakian, Turkish and African patients; however, we did not see any notices advertising this facility in any of the practice waiting rooms. A hearing loop was available for patients with a hearing impairment. Providing this type of service helps to promote patients' involvement in decisions about their care and treatment

Patient and carer support to cope emotionally with care and treatment

Patients we spoke with on the day of our visit told us staff responded compassionately when they needed help and provided support when required. The CQC comment cards we received were also consistent with this feedback. For example, patients commented that staff were caring, helpful and understanding.

The practice was proactive in identifying and responding to the needs of carers. For example, carers were coded on the practice computer system to ensure they were invited for an annual flu vaccination.

The practice held monthly multi-agency palliative care meetings to ensure that the needs of palliative care patients and their families were being met.

The results of the National GP Patient Survey information we reviewed showed the practice was generally in line with local and national averages for providing emotional support. For example:

- 88.2% said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 86.8% and national average of 85.1%.
- 91.1% said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 91.7% and national average of 90.4%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice worked with the local clinical commissioning group to improve outcomes for patients in the area. One of the GP partners was a member practice representative on the CCG governing body and another was the CCG lead for end of life/palliative care.

The GPs had developed specialist interests in areas such as mental health, substance misuse, cardiovascular disease, dermatology, cancer and palliative care.

The practice had a small patient participation group (PPG) with four core members who met on a quarterly basis; one of the members acted as chairperson. The group had developed terms of reference and an action plan detailing aims and objectives for the year. We spoke with two members of the group. Both commented positively on how the practice was open to change and receptive to suggestions they made, such as the establishment of a community notice board in the reception area and changes to the telephone system. However, they also felt that they could be involved more in areas such as patient surveys and planning improvements. They accepted, however, this would be difficult to achieve without increasing the group's membership which was an area they were working on.

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

- The practice offered extended opening hours on Monday and alternate Wednesday/Thursday evenings until 8pm.
- Appointments with GPs and repeat prescriptions could be booked online.
- Home visits were available for housebound patients or those who could not come to the surgery, following triage with a nurse practitioner.
- The practice had employed locum nurse practitioners who were both able to prescribe medicines and deal with requests for emergency same day appointments.
- The health care assistant carried out new patient health checks, phlebotomy and ECGs as well as providing smoking cessation advice
- There were alerts on the practice computer system for those patients needing extra support such as those who had a learning disability

- Specialist services were available including adult immunisation, contraception (including emergency contraception and contraceptive implants), minor surgery and a women's health clinic
- The practice participated in the CCG 'Ways to Wellness' social prescribing initiative to encourage better self-management of long term conditions. They had established an effective working relationship with the link worker assigned to the practice who now attended patient participation group meetings.

Access to the service

Practice opening and appointment hours were as follows:

MAIN SURGERY

Monday:

8:00am to 1:45pm (appointments 9:00am to 11:40am)

4:00pm to 6:00pm (appointments 4:00pm to 5:40pm)

6:30pm to 8:00pm (appointments 6:30pm to 7:40pm)

Tuesday, Wednesday, Thursday and Friday:

8:00am to 12:30pm (appointments from 9:00am to 11:40am)

1:00pm to 6:00pm (appointments from 3:40pm to 5:40pm)

The main surgery is also open until 8:00pm on either a Wednesday or Thursday on an alternate week basis (appointments from 6:30pm to 7:40pm)

DENTON ROAD

Monday:

8:30am to 12:30pm and 3:45pm to 6:00pm (nurse appointments only am; GP appointments from 4:00pm to 5:40pm)

Tuesday:

8:30am to 12:00 midday (appointments from 9:00am to 11:40am)

Wednesday and Friday:

8:30am to 12:00 midday (nurse appointments only am; GP appointments from 3:00pm to 5:20pm)

Thursday:

8.30am to 12:00 midday (children's clinic from 10:30am to 12:00 midday)

Are services responsive to people's needs?

(for example, to feedback?)

BLAKELAW CLINIC

Monday:

8:30am to 12:30pm (appointments from 9:00am to 11:40am)

3:45pm to 8:00pm (appointments from 4:00pm to 5:40pm and 6:30pm to 7:40pm)

Tuesday and Friday:

8:30am to 12:30pm (appointments from 9:00am to 11:40am)

2:30pm to 6:00pm (appointments from 3:30pm to 5:40pm)

Wednesday:

8:30am to 12:30pm (appointments from 9:00am to 11:40am)

1:30pm to 6:00pm (appointments from 3:40pm to 5:40pm)

Thursday:

8:30am – 12:30pm (appointments from 9:00am to 11:40am)

We looked at the practice's appointment system in real-time on the afternoon of the inspection. Due to cancellations appointments were available that day. The next available routine appointment with a GP was five working days later. A routine appointment with a nurse was available the following day. Urgent same-day appointments were available for patients on the day of the inspection. Staff told us that once appointments held open for emergency requests had been filled patients would be transferred to the nurse practitioner for a telephone consultation. If a face to face consultation was still felt to be necessary the patient would always be added to the end of the list for that day.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages, especially in relation to ease of getting through to the surgery by phone. For example;

- 74% of patients were satisfied with the practice's opening hours compared to the local CCG average of 77.6% and national average of 74.9%.
- 42.6% of patients said they could get through easily to the surgery by phone compared to the local CCG average of 78.5% and national average of 73.3%.

- 62.7% of patients described their experience of making an appointment as good compared to the local CCG average of 74.2% and national average of 73.3%.
- 65.7% of patients said they usually waited 15 minutes or less after their appointment time compared to the local CCG average of 67.9% and national average of 64.8%.

Generally the majority of negative comments received regarding this practice were in relation to difficulties in getting through to the surgery by phone and obtaining an appointment. One complainant who contacted the CQC in March 2014 stated that they had tried to ring the surgery 130 times over a two day period to try and get an appointment. The same complainant, however, had praised staff stating they were helpful despite the enormous pressure they were under. The practice was aware of the concerns and had taken action as a result. This had included installing an automated telephone system with call queuing facility. In addition, demand for appointments was continually monitored and extra GP Sessions delivered if necessary.

The practice did have a high number of patients that did not attend for appointments (468 across all three sites covering all appointment types in the four weeks leading up to our inspection). The practice had a policy in place for dealing with patients who frequently failed to attend appointments but rarely took any punitive action against patients who continually failed to attend. However, they did have a process in place for following up diabetic patients who had failed to attend for appointments.

Listening and learning from concerns and complaints

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

The practice had a complaints leaflet and information on how to make a complaint was also included in the practice information booklet. However, these were only available on request and patient we spoke with were unsure of how to make a complaint. Information on how to complain was available on the practice website. Staff we spoke with were aware of the practice's policy and knew how to respond in the event of a patient raising a complaint or concern with them directly.

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

We saw the practice had recorded six complaints during 2014 and a further five from 1 January 2015 to the date of our inspection. Where mistakes had been made, it was

noted the practice had apologised formally to patients and taken action to ensure the same mistakes were not repeated. Complaints and lessons to be learned from them were discussed regularly at staff meetings.

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. This was clearly outlined in their statement of purpose which listed their aims and objectives which were to:

- Provide the best possible standard of medical care
- Be courteous, approachable and friendly
- Ensure a safe and effective surgery environment
- Maintain a professional and dedicated surgery team
- Continuously improve their service offer
- Act with integrity and complete confidentiality
- Treat all patients and staff with dignity, respect and honesty
- Maintain robust information governance procedures to protect patient records
- Take complaints seriously, investigate them thoroughly and provide an honest response
- Provide the best training environment for medical students they can whilst respecting patient's wishes about involvement in training

The staff we spoke with told us they understood and were committed to their roles and responsibilities in relation to this.

The practice were in the process of creating an organisational development strategic plan. They intended to consult with the whole staff team and use their contractual obligations in respect of delivering enhanced services and QOF objectives to set their priorities. This would also include issues such as workforce and succession planning and premises related matters.

Governance arrangements

There was a clear leadership structure with named members of staff in lead roles. For example GP leads had been identified for safeguarding, medicines management, QOF, diabetes, mental health and learning disabilities. The practice nurse was the lead for infection control and the practice manager for health and safety. Members of staff we spoke with told us they were clear about their own roles and responsibilities as well of the roles of others. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice had a number of policies and procedures in place to govern activity which were regularly reviewed and updated. These were available to staff via the shared drive on any computer within the practice.

The practice held a variety of regular staff and multi-disciplinary meetings and had a yearly meeting schedule in place. This included nurses meetings, partners meetings, multi-disciplinary palliative care and safeguarding meetings, whole staff team meetings, performance meetings, significant event and complaint review meetings and education sessions.

A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. A pharmacy advisor carried out prescribing audits several times per year.

Leadership, openness and transparency

The GP partners had the experience, capacity and capability to run the practice and ensure high quality care. They had created a culture which encouraged and sustained learning at all levels in the practice, and had, through their partnership working with other agencies, promoted quality and continuing improvement. Staff told us the practice was well led, that they felt respected, valued

and supported and would feel comfortable raising issues as they knew they would be addressed in a positive manner. The practice was committed to their involvement in teaching, training and empowering their staff to develop their skills.

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

The practice encouraged and valued feedback from patients. They had gathered feedback from patients through surveys, formal and informal complaints received and the practice patient participation group (PPG). They also regularly reviewed the results of their friends and family test which showed that for the period between January 2015 and September 2015 an average of 92% of patients who responded to the survey would be extremely likely to recommend the practice to a friend or family member.

Are services well-led?

Good 

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

The practice had viewed and responded appropriately to the majority of reviews left on the NHS Choices website. Negative reviews tended to be in relation to delays in getting through to the surgery on the phone and in obtaining an appointment.

The practice gathered feedback from staff through staff meetings and on a more informal day to day basis. Staff we spoke with told us they regularly attended staff meetings and felt these provided them with the opportunity to discuss the service being delivered, feedback from patients

and raise any concerns they had. They said 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 in the practice which they said helped to improve outcomes for both staff and patients.

A whistle blowing policy was in place which was available to all staff electronically on any computer within the practice. Staff we spoke with were aware of the policy, how to access it and said they would not hesitate to raise any concerns they had.