

Mallard Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9
Outstanding practice	9

Detailed findings from this inspection

Our inspection team	10
Background to Mallard Medical Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mallard Medical Practice on 8 December 2015. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff told us they felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw an area of outstanding practice:

- A number of patients and staff gave us examples of high quality care at the practice. Examples included GPs seeking out treatment options for cancer patients which, while not available at the nearest hospital, would result in the best outcomes for patients both medically and emotionally. We were also told of GPs visiting palliative care patients in their homes late in the evening and at weekends

Summary of findings

when the surgery was closed. The doctors visited to ensure the patients had medication to make them comfortable and also to provide emotional support for the patient and their family members.

However there was an area of practice where the provider should make improvements:

- Ensure meetings to discuss significant events are minuted.

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



- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There was a 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, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Action had been taken to ensure that vaccines and other medications were being administered in line with the Humans Medicines Regulations 2012.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams 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 showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- Patients told us staff went out of their way to provide a caring service. Examples included doctors visiting patients receiving end of life care in their own homes at weekends and evenings when the surgery had closed.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked with other services and the local community to provide services which benefitted people's needs.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Clinicians worked closely with other services and community groups to provide support to people with dementia or who needed end of life care. GPs visited palliative care patients in their homes late in the evening and at weekends when the surgery was closed to ensure the patients had medication to make them comfortable and also to provide emotional support for the patient and their family members.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 79.5%, which was above the CCG average of 78% and the national average of 74.3%.

Good



Summary of findings

- Same-day appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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 they offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



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 those with a learning disability.
- They offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 95.8% of people diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months (national average, 84%).

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There was a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2015. The results showed the practice was performing broadly in line with local and national averages in most areas. 311 survey forms were distributed and 108 were returned (34.7% response rate, approximately 2% of the patient list).

- 94.9% described their overall experience of this surgery as good (CCG average 89.1%, national average 84.8%).
- 85.2% would recommend this surgery to someone new to the area (CCG average 81.4%, national average 77.5%).
- 88.6% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85.6%, national average 85.2%).
- 85.1% found the receptionists at this surgery helpful (CCG average 88.5%, national average 86.8%).
- 92.5% said the last appointment they got was convenient (CCG average 92.5%, national average 91.8%).

- 75.5% found it easy to get through to this surgery by phone compared to a CCG average of 81.7% and a national average of 73.3%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 11 patients during the inspection, including four members of the practice's Patient Participation Group (PPG). All of the patients we spoke with said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

Ensure meetings to discuss significant events are minuted.

Outstanding practice

A number of patients and staff gave us examples of high quality care at the practice. Examples included GPs seeking out treatment options for cancer patients which, while not available at the nearest hospital, would result in the best outcomes for patients both medically and emotionally. We were also told of GPs visiting palliative

care patients in their homes late in the evening and at weekends when the surgery was closed. The doctors visited to ensure the patients had medication to make them comfortable and also to provide emotional support for the patient and their family members.

Mallard Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a specialist advisor with experience of practice management.

Background to Mallard Medical Practice

Mallard Medical Practice is registered with the Care Quality Commission to provide primary medical services.

The practice provides services to approximately 4,760 patients from one location at Killingworth Health Centre, Citadel East, Killingworth, Newcastle upon Tyne, NE12 6HS. This is the address we visited on the day of our inspection.

The practice is based in a purpose-built surgery with level-entry access and a car park for patients to use.

The practice has 14 members of staff, including two (one male, one female) GP partners, two (female) salaried GPs, two (female) practice nurses, one healthcare assistant, a practice manager, and six administrative and reception staff.

The practice is part of North Tyneside clinical commissioning group (CCG). Information taken from Public Health England placed the area in which the practice was located in the fifth most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice population broadly reflects the national average in terms of age distribution.

The surgery is open from 8.30am to 6pm, Monday to Friday, with evening opening times from 6.30pm to 8.30pm on Wednesdays. The phone lines operate from 9am until 5.30pm on weekdays. Outside of these hours a message on the surgery phone line directed patients to out of hours services, NHS 111, or 999 as appropriate. Appointments with a GP are available as follows:

- Monday – 8.40am to 11.20am and 3pm to 6pm
- Tuesday – 8.40am to 11.20am and 2.30pm to 6pm
- Wednesday – 9am to 1pm, 3pm to 5.20pm and 6.30pm to 8.30pm
- Thursday – 8.30am to 2.45pm and 3pm to 5.20pm
- Friday – 9am to 11am and 2.30pm to 5.20pm

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice. The practice population profile broadly reflects the national average, though there are slightly more patients aged between 30-34 and 60-69 than in other areas. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited.

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.

Detailed findings

How we carried out this inspection

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

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 December 2015. During our visit we:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Spoke to staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed the practice's policies and procedures.

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports and national patient safety alerts. Not all meetings were formally minuted, but staff told us they always received feedback on significant events at the practice, as well as events in the locality. We were told that meetings to discuss significant events were not always minuted, but would be in future. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had altered their policy on registering temporary residents after somebody attempted to use the system to obtain medication without a justified medical reason.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that nurses 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control lead; they liaised with the local infection prevention teams to keep up to date with best practice. The role of infection control lead was due to be passed to the practice nurse once they had completed extra infection control training, and we saw evidence that this training had been booked. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks.
- 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. However, on the day of the inspection we found that the practice had also allowed the healthcare assistant to administer vaccines to patients using a PGD. The Human Medicines Regulations 2012 does not allow healthcare assistants, who are not registered healthcare professionals, to administer prescription-only medicines under a PGD. Healthcare assistants are only allowed to administer such medicines where they have either been prescribed or there is a patient specific direction (PSD) in place (a traditional written instruction, signed by a doctor for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis). Since the inspection the practice have provided us with evidence to show that the healthcare assistant is now administering vaccines under a PSD and not a PGD, and therefore they are now compliant with regulations.

Are services safe?

- All other arrangements for managing medicines and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines. Prescription pads were securely stored, and the practice had adopted the Electronic Prescription Service (EPS) which allowed prescribers to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice.

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 in the reception office. The practice had up-to-date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other detailed risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all of the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. There was a record of emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice obtained 90.5% of the total number of points available, with a clinical exception reporting rate of 4.4%. The local clinical commissioning group average (CCG) for exception reporting was 9.6% and the national average, 9.2%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for dementia related indicators was above the CCG and national averages. For example, 95.8% of patients diagnosed with dementia had received a face-to-face review (CCG average 80.7%, national average 84%).
- Performance for mental health related indicators was in line with or above national averages. For example 95.2% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 months, compared to a national average of 89.6%.
- Performance for diabetes related indicators was comparable to other practices nationally. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90.1% (national average 88.3%).

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was lower than the national average (75.4% compared to 83.7% nationally). However, the practice was aware of this and was actively encouraging patients to attend for blood pressure monitoring and offering health promotion related to hypertension.
- The clinical audits which had been undertaken demonstrated quality improvement.
- There had been three clinical audits completed in the last two years. Two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had decided to stop using an autoclave to sterilise and re-use surgical equipment and only use single-use equipment following an audit of minor surgery.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The learning needs of staff were identified through a system of supervision, meetings and reviews of practice development needs. We saw evidence that staff had had appraisals in the last 12 months. All staff said that they felt supported and could approach practice management for support and to request training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis. These were attended by district nurses, health visitors, Macmillan nurses, and pharmacists. The practice also held meetings with the community matrons.

Consent to care and treatment

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

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

Health promotion and prevention

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

- This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A counsellor was available on the premises and smoking cessation advice was available from a local support group.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 79.5%, which was above the CCG average of 78% and the national average of 74.3%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national programmes for bowel and breast cancer screening.

Childhood immunisation rates were comparable to CCG/ national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76.8% to 98.2% (CCG average 83.3% to 96%) and five year olds from 94.3% to 100% (72.5% to 97.9%). Flu vaccination rates for the over 65s were 74%, and at risk groups 49%. These were in line with the national averages of 73% and 52% respectively.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We were told of an occasion when reception staff had helped a confused patient who arrived at the surgery before opening time. Staff recognised that the patient's behaviour was an indication that they may be confused and alerted the doctors, who saw the patient immediately. The patient was subsequently diagnosed with dementia and a package of care was put in place.

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

We also spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. The practice was broadly in line with local and national averages for satisfaction scores on consultations with doctors and nurses. For example:

- 91.7% said the GP was good at listening to them compared to the CCG average of 89.6% and national average of 86%.
- 92.6% said the GP gave them enough time (CCG average 89.8%, national average 86.6%).

- 95.1% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95.2%)
- 85.1% said the last GP they spoke to was good at treating them with care and concern (CCG average 87.6%, national average 85.1%).
- 100% said they had confidence and trust in the last nurse they saw or spoke to (CCG average 97.3%, national average 97.1%).
- 85.1% found the receptionists at this surgery helpful (CCG average 88.5%, national average 86.8%).

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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 91.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.6% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 85.8%, national average 81.4%).

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

A number of patients and staff gave us examples of high quality care at the practice. Examples included GPs seeking out treatment options for cancer patients which, while not available at the nearest hospital, would result in the best outcomes for patients both medically and emotionally. We were also told of GPs visiting palliative care patients in their homes late in the evening and at weekends when the

Are services caring?

surgery was closed. The doctors visited to ensure the patients had medication to make them comfortable and also to provide emotional support for the patient and their family members.

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

The practice's computer system alerted GPs if a patient was also a carer, and the number of carers on the practice list was regularly audited. The practice had identified 68

patients (approx. 1% of the practice list) as carers. Health reviews were offered and written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. For example, the practice was a pilot site in the CCG area for the Electronic Prescription Service (EPS) which allowed prescribers to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice.

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

- The practice offered appointments to suit working people and students. The practice offered extended hours until 8pm on Wednesdays.
- Appointments were available to book online.
- There were longer appointments available for patients who needed them, such as for patients with a learning disability and those who required the use of an interpreter.
- Home visits were available for older patients/patients who would benefit from these. Home visits were triaged by the doctors. There was an on-call doctor who was available to make home visits on the day.
- On-the-day appointments were available for anyone who needed them.
- The practice called the carers of patients with learning difficulties to book the annual reviews for these patients, as they had found they achieved a better response rate by doing this.
- The practice monitored their patient population using their computer system to ensure the services they provided were relevant to patients. For example, the system showed that the practice had a large population of patients with children under five years old, therefore the practice offered urgent appointments for any child under five.
- There was a hearing loop and translation services could be accessed. The practice had disabled facilities and the building had level access with services provided across one level.
- Barriers to registration with the practice, such as being homeless, had been addressed. Homeless patients were registered using the practice address.

Access to the service

The practice was open between 8.30am to 6pm, Monday to Friday, and the phone lines were operated from 9am until 5.30pm. On Wednesdays the practice also offered extended hours from 6.30pm to 8pm. Outside of these hours a message on the surgery phone line directed patients to out of hours services, NHS 111, or 999 as appropriate.

Appointments with a GP were available as follows:

- Monday – 8.40am to 11.20am and 3pm to 6pm
- Tuesday – 8.40am to 11.20am and 2.30pm to 6pm
- Wednesday – 9am to 1pm, 3pm to 5.20pm and 6.30pm to 8.30pm
- Thursday – 8.30am to 2.45pm and 3pm to 5.20pm
- Friday – 9am to 11am and 2.30pm to 5.20pm

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was in line with national averages but slightly lower than the averages for the local area. For example:

- 78.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 81.5% and national average of 74.9%.
- 75.5% patients said they could get through easily to the surgery by phone (CCG average 81.7%, national average 73.3%).
- 72.2% patients described their experience of making an appointment as good (CCG average 78.1%, national average 73.3%).
- 60% patients said they usually waited 15 minutes or less after their appointment time (CCG average 71.5%, national average 64.8%).

People told us on the day of the inspection that they were able to get appointments when they needed them but sometimes had to wait more than 15 minutes at the surgery to be seen. However, the practice told us that they were trying to improve waiting times by adding "catch up" appointments to doctors' schedules. These were appointment slots which had been embargoed, allowing doctors to have a gap between consultations and ensuring that patients did not have to wait as long to be seen. This had been introduced in response to feedback from the practice's Patient Participation Group (PPG).

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had an effective 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there was information in the reception area informing patients of the complaints procedure. The practice also had a complaints leaflet for patients.

We looked at the three complaints received by the practice in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. All complaints received were acknowledged in writing by the practice manager and investigated by a complaints team consisting of the practice manager, lead practice nurse and both GP partners, if appropriate. The practice displayed openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the investigation of a recent complaint highlighted a fault in communication between the computer systems at the practice and the local hospital, meaning that clinical results were not being passed to the surgery. This was subsequently corrected.

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 and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Managers had a comprehensive understanding of the performance of the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff were given lead roles for different areas of the practice. There was a noticeboard for staff which had details of who were the area leads.

Leadership, openness and transparency

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

The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and were encouraged by the partners to identify opportunities to improve the service.

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

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

- They had gathered feedback from patients through the practice's patient participation group (PPG) and through surveys and complaints received. There was an active PPG which carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had also 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. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Performance of the practice was constantly monitored using RAIDR to identify areas for improvement. RAIDR is a computer programme which collates data about practice performance (such as referral patterns). The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Examples of this included:

Are services well-led?

Good 

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

- The practice was a pilot site for the Electronic Prescription Service (EPS) which allowed prescribers to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice.
- The practice had previously been a pilot site in the CCG area for the use of new computer software and the Summary Care Record.