

Dr McManners and Partners

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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

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	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	13
Background to Dr McManners and Partners	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr McManners and Partners on 5 July 2016. Overall the practice is rated as outstanding.

Our key findings were as follows:

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Effective arrangements were in place to ensure GPs kept up to date with new guidance. GPs prepared clinical protocols, which took into account national and local guidelines, which all clinical staff followed. At the time of the inspection there were 32 clinical protocols in place.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Feedback from patients was continually positive.

- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- The practice used proactive methods to improve patient outcomes.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- There was a clear leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team. Many staff were longstanding members of the team and had worked at the practice for many years.
- Information about services and how to complain was available and easy to understand.

We saw the following area of outstanding practice:

- Relationships between patients and staff were strong. The practice operated a personalised list service, where each GP had an individual list of patients. Many patients told us they liked the

Summary of findings

personalised list system, this meant they were able to see the same GP each time and felt the practice offered good continuity of care. The practice scored extremely well in the National GP Patient Survey in relation to patients being able to see their preferred GP. The practice's score in that category was the highest in the CCG and was the seventh highest nationally (from a total of over 7,300 practices).

The area where the provider should make improvements is:

- Continue to review the Quality and Outcomes Framework (QOF) clinical exception reporting rates and take action to reduce rates where appropriate to do so.

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.

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

There was evidence of good medicines management. Good infection control arrangements were in place and the practice was clean and hygienic. However, one of the GP consultation rooms, which was used to insert and remove contraceptive implants, was carpeted. Effective staff recruitment practices were followed and there were enough staff to keep patients safe. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.

Good



Are services effective?

The practice is rated as good for providing effective services.

Outcomes for patients were consistently better than expected. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring their effectiveness and had achieved 97.4% of the points available. This was above the local and national averages of 96.7% and 94.7% respectively. However, at 11.7%, the QOF clinical exception reporting rate was above the England average of 9.2%. Managers were aware of this and had plans in place to help lower the rate.

Patients' needs were assessed and care was planned and delivered in line with current legislation. There was a holistic approach to assessing, planning and delivering care. As part of the personalised list arrangements, GPs were responsible for managing their own patient correspondence, including reviewing hospital discharge letters. This allowed for continuity of care and ensured the GP was aware of issues relating to their patients.

Arrangements had been made to support clinicians with their continuing professional development. Staff had received training appropriate to their roles. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area.

Good



Summary of findings

Staff were actively engaged in activities to coordinate patient care and improve quality and outcomes. The practice had established a computer services team; their role was to co-ordinate patients' long term condition reviews.

Are services caring?

The practice is rated as outstanding for providing caring services.

Feedback from patients and their families about the way staff treated people was continually positive. There was a strong and visible patient centred culture. Relationships between patients and staff were strong, caring and supportive. Each doctor had a personalised list of patients. This allowed them to get to know patients well and work with them to achieve their goals. The relationships were highly valued by both staff and patients.

The National GP Patient Survey published in January 2016 showed the practice was well above average for their satisfaction scores on consultations with doctors and nurses. Results showed that 97% of respondents felt their GP treated them with care and concern, compared to 85% nationally and 89% locally. Furthermore, 96% said the nurse was good at treating them with care and concern compared to the national and local average of 91%.

Outstanding



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Services were tailored to meet the needs of individual patients and were delivered in a way to ensure flexibility, choice and continuity of care.

Patients could access appointments and services in a way that suited them. The practice scored very well in relation to access in the National GP Patient Survey. The most recent results (published in January 2016) showed 92% (compared to 85% nationally and 86% locally) of respondents were able to get an appointment or speak to someone when necessary.

The practice operated a personalised list service, where each GP had an individual list of patients. Many patients told us they liked the personalised list system, this meant they were able to see the same GP each time and felt the practice offered good continuity of care. The practice scored extremely well in the National Patient Survey; 98% of patients usually got to see or speak to their preferred GP, compared to the CCG average of 64% and the national average of 59%. The practice's score in that category was the highest in the CCG and was the seventh highest nationally.

Outstanding



Summary of findings

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as good for providing well-led services.

The leadership, management and governance of the practice assured the delivery of person-centred care which met patients' needs. There was a clear and documented vision for the practice which had been developed with staff. Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Staff said they felt supported by management. Team working within the practice between clinical and non-clinical staff was good.

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 they acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had implemented a number of innovative systems

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 outstanding for the care of older people, as the practice is rated as outstanding overall.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.
- The practice had effective arrangements in place to provide person centred pathways of care, particularly for people with complex needs. There was a higher proportion of patients over the age of 65. The practice took part in the CCG's admission avoidance scheme, and had identified those patients at high risk of admission to hospital. Staff closely monitored this group of patients; all hospital attendances and admissions were reviewed and patients had enhanced access to appointments. These arrangements, in conjunction with the personalised list system, meant that despite having a higher number of older patients, the practice had a lower number of unplanned admissions to hospital than both the CCG and regional averages.

Outstanding



People with long term conditions

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

- The practice had established a computer services team; their role was to co-ordinate patients' long term condition reviews. They worked with clinical staff and highlighted when patients had declined to attend review appointments.
- Patients at risk of admission to hospital were identified as a priority.
- The practice had adopted the 'Year of Care' initiative (the Year of Care is about improving care for people with long-term conditions. It is about putting people with long term conditions firmly in control of their care, and supports them to self-manage).

Outstanding



Summary of findings

- Longer appointments and home visits were available when needed.
- Patients had regular reviews to check with health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- The practice had identified the needs of families, children and young people, and put plans in place to meet them.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98.2% to 99.1% (compared to the CCG averages of between 97.3% and 98.7%) and for five year olds from 93.4% to 97.1% (compared to the CCG averages of between 92.2% and 98.4%).
- Staff had received training in identifying female genital mutilation and forced marriage.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The latest publicly available data showed the practice's uptake for breast and bowel screening was above average. For example, the uptake for females aged between 50 and 70 screened for breast cancer within six months of invitation was 79.9%, compared to the local average of 76.2% and the national average of 72.2%.
- Further, 63.1% of patients aged 60-69 had been screened for bowel cancer within the last 30 months, compared to the local average of 58.3% and the national average of 58.7%.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

Outstanding



Summary of findings

Working age people (including those recently retired and students)

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

- 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 and flexible. Extended hours surgeries were offered on Monday evenings until 8.40pm for working patients who could not attend during normal opening hours.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line. . In 2015/2016, 26.8% of the practice's population was registered for on-line access; the highest in the clinical commissioning group (CCG) area.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.

Outstanding



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- Patients with learning disabilities were invited to attend the practice for annual health checks and were offered longer appointments, if required.
- The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.
- Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.

Outstanding



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.
- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.
- The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

Outstanding



Summary of findings

What people who use the service say

Feedback from patients and their families about the way staff treated people was continually positive. We spoke with 11 patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time. Patients were overwhelmingly positive about the quality of the service and care provided by the practice and the staff who worked there.

We reviewed 46 CQC comment cards which had been completed by patients prior to our inspection. Every one was positive about the service experienced. Words used frequently included, excellent, outstanding, exceptional and first class.

The National GP Patient Survey results published in January 2016 showed the practice was performing well above local and national averages. There were 113 responses (from 240 sent out); a response rate of 47%. This represented 0.9% of the practice's patient list. Of those who responded:

- 96% said their overall experience was good or very good, compared with a clinical commissioning group (CCG) average of 89% and a national average of 85%.
- 82% found it easy to get through to this surgery by phone, compared with a CCG average of 81% and a national average of 73%.
- 94% found the receptionists at this surgery helpful, compared with a CCG average of 89% and a national average of 87%.

- 92% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG average of 86% and a national average of 85%.
- 98% usually got to see or speak to their preferred GP, compared with a CCG average of 64% and a national average of 59%.
- 96% said the last appointment they got was convenient, compared with a CCG average of 93% and a national average of 92%.
- 84% described their experience of making an appointment as good, compared with a CCG average of 78% and a national average of 73%.
- 90% usually waited 15 minutes or less after their appointment time to be seen, compared with a CCG average of 73% and a national average of 72%.
- 82% felt they don't normally have to wait too long to be seen, compared with a CCG average of 66% and a national average of 58%.

Results from the NHS Friends and Family Test (FFT) were very positive (the FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services). In the period December 2015 to June 2016, 100% of (69) respondents said they would be either likely or extremely likely to recommend the practice to their family and friends.

Areas for improvement

Action the service SHOULD take to improve

Continue to review the Quality and Outcomes Framework (QOF) clinical exception reporting rates and take action to reduce rates where appropriate to do so.

Outstanding practice

Relationships between patients and staff were strong. The practice operated a personalised list service, where each GP had an individual list of patients. Many patients told us they liked the personalised list system, this meant

they were able to see the same GP each time and felt the practice offered good continuity of care. The practice scored extremely well in the National GP Patient Survey in

Summary of findings

relation to patients being able to see their preferred GP. The practice's score in that category was the highest in the CCG and was the seventh highest nationally (from a total of over 7,300 practices).

Dr McManners and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr McManners and Partners

Dr McManners and Partners is registered with the Care Quality Commission to provide primary care services. It is located in the coastal town of Whitley Bay, Tyne and Wear.

The practice provides services to around 12,800 patients from one location: The Health Centre, Whitley Road, Whitley Bay, Tyne and Wear, NE26 2ND. We visited this address as part of the inspection. The practice has seven GP partners (two female and five male), two senior practice nurses and one practice nurse (all female), a practice manager, and 15 staff who carry out reception, administrative and dispensing duties.

The practice is part of North Tyneside clinical commissioning group (CCG). The practice population is made up of a higher than average proportion of patients over the age 65 (21.92% compared to the national average of 18.9%). Information taken from Public Health England placed the area in which the practice is located in the second less deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice is located in a purpose built two storey building. All patient facilities are on the ground floor. There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

Opening hours are between 8.30am and 8.40pm every Monday and between 8.30am and 6pm Tuesday to Friday. Patients can book appointments in person, on-line or by telephone. Appointments were available at the following times:

- Monday - 8.30am to 11.10am; then from 1.30pm to 8pm
- Tuesday – 9am to 11.20am; then from 3.05pm to 5.20pm
- Wednesday – 9am to 11.20am; then from 3.05pm to 5.20pm
- Thursday – 9am to 11.20am; then from 3.05pm to 5.20pm
- Friday – 9am to 11.20am; then from 3.05pm to 5.20pm

A duty doctor is available each afternoon until 6.30pm.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

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

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

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)

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

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.

We carried out an announced visit on 5 July 2016. We spoke with 11 patients and 10 members of staff from the practice. We spoke with and interviewed four GPs, a practice nurse, the practice manager and four staff carrying out reception and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 46 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

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 incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Incidents which had occurred in other services but which affected the practice's patients were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice carried out a thorough analysis of the significant events.

Staff told us they were encouraged to report incidents. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice, for example, following one incident the arrangements to log requests for home visits were reviewed and a new protocol was developed for staff to follow.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. The practice had effective arrangements in place. Alerts were received by the practice manager; they then carried out a search of the computer system to check if any patients were affected. This information and the alert was then passed to the clinical staff then discussed at the clinical governance meetings.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and the nurses to level two.
- Notices advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place 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. One of the GP consultation rooms, which was used to insert and remove contraceptive implants was carpeted; the GP partners told us they would review whether it was appropriate to carry out such procedures in the room. Other suitable clinical rooms were available if the GPs needed to carry out any invasive procedures in the meantime.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. Regular medicines audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions 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).

- Recruitment checks were carried out and the three files we reviewed 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.

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 near the staff room. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).

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

Arrangements to deal with emergencies and major incidents

- 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.
- The practice had a defibrillator available 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments 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.

- The practice had effective systems in place to ensure all clinical staff were kept up to date. Staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- All of the GPs had lead roles in various clinical areas; they attended relevant training and kept up to date with new guidance, then cascaded that to colleagues. Each GP also prepared clinical protocols, which took into account national and local guidelines, which all clinical staff followed. At the time of the inspection there were 32 clinical protocols in place; for example, contraceptive implants, hypertension and mental health protocols.
- 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 participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 97.1% of the total number of points available, which was above the England average of 94.7%.

The practice operated a personal GP list; this helped to optimise the management of long term conditions, due to continuity of care and a strong doctor patient relationship. The data showed that outcomes for patients with long-term conditions were better than national averages. For 18 of the 19 clinical domains within QOF the practice had achieved 100% of the points available:

- Performance for diabetes related indicators was better than the national average (100% compared to 89.2% nationally). For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 88.4%, compared to the national average of 78%.
- Performance for heart failure related indicators was better than the national average (100% compared to 97.9% nationally). For example, in those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction who were treated with a certain medicine, the percentage of patients who were additionally currently treated with a beta-blocker licensed for heart failure was 100%, compared to 92.8% nationally.
- Performance for mental health related indicators was above the national average (100% compared to 97.2% nationally). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented was 98.1%, compared to the national average of 88.3%.
- Performance for dementia related indicators was above the national average (100% compared to 94.5% nationally). However, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 80.5%, compared to the national average of 84%.

At 11.7%, the QOF clinical exception reporting rate was above the England average of 9.2% (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where medicines cannot be prescribed due to a contraindication or side-effect). The exception rate was above average because of the number of patients who had not attended for their reviews, despite several attempts by the practice to engage with them. Staff told us this was partly in relation to temporary residents who had registered at the practice but had relocated and so did not respond to invitations to attend review appointments. However, managers had carried out a review of exceptions and had plans in place to help lower the rate.

The practice actively engaged in activities to monitor and improve quality and outcomes. Clinical audits were carried

Are services effective?

(for example, treatment is effective)

out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw a number of clinical audits had recently been carried out. The results and any necessary actions were discussed at the clinical team meetings. This included an audit to check whether patients who had had a splenectomy (their spleen removed) had had their immunity checked (against pneumococcal and haemophilus influenzae type b) within the previous 12 months. An initial audit was carried out which showed that 22% of patients had been checked. Action was taken and the recall arrangements were amended. A further audit cycle was carried out and this showed an improvement, in that 78% of patients had been checked. Plans were in place to continue to monitor progress and the audit was to be carried out annually.

In addition to the clinical audits carried out throughout the year, the practice also carried out an annual audit. This included a detailed review of QOF results, checks of patients on palliative care and admission avoidance registers, immunisation rates and progress made with delivering enhanced services (for example, NHS health checks and shingles vaccinations). An action plan was put into place to address areas where managers felt improvements could be made. The plan for 2016/2017 included increasing the uptake of asthma reviews.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Staff were actively engaged in activities to coordinate patient care and improve quality and outcomes. The practice had established a computer services team; their role was to co-ordinate patients' long term condition reviews. They worked with clinical staff and highlighted when patients had declined to attend review appointments. QOF data showed attendance rates for checks on patient's long term conditions were above average.

There was a holistic approach to assessing, planning and delivering care. As part of the personalised list arrangements, GPs were responsible for managing their own patient correspondence, including reviewing hospital discharge letters. This allowed for continuity of care and ensured the GP was aware of issues relating to their patients. There was an effective system in place for ensuring that when GPs were absent, patient correspondence was still dealt with in a timely manner.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

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

Supporting patients to live healthier lives

Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion. Patients who may be in need of extra support were identified by the practice. For example:

- 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 dietician was available on the premises and smoking cessation advice was available from a local support group.

The latest publicly available data showed the practice's uptake for breast, bowel and cervical screening was above average. Results showed:

- 83.2% of females aged 25-64 had attended cervical screening appointments; which was above the CCG average of 83.1% and the national average of 81.8%. Staff showed us more recent data which showed the rate had further increased to 84.9% for 2015/2016.
- the uptake for females aged between 50 and 70 screened for breast cancer within six months of invitation was 79.9%, compared to the local average of 76.2% and the national average of 72.2%.
- 63.1% of patients aged 60-69 had been screened for bowel cancer within the last 30 months, compared to the local average of 58.3% and the national average of 58.7%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98.2% to 99.1% (compared to the CCG averages of between 97.3% and 98.7%) and for five year olds from 93.4% to 97.1% (compared to the CCG averages of between 92.2% and 98.4%).

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

Kindness, dignity, respect and compassion

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

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

Feedback from patients and their families about the way staff treated people was continually positive. Every one of the 46 patient CQC comment cards we received was positive about the service experienced. Words used frequently included, excellent, outstanding, exceptional and first class.

We spoke with 11 patients during our inspection. Patients were overwhelmingly positive about the care provided by the practice and said their dignity and privacy was always respected.

Relationships between patients and staff were caring and supportive. Each doctor had a personalised list of patients. This allowed them to get to know patients well and work with them to achieve their goals. The relationships were highly valued by both staff and patients.

Results from the National GP Patient Survey, published in January 2016, showed patients were very satisfied with how they were treated and that this was with compassion, dignity and respect. Most scores on consultations with doctors and nurses were well above average. For example, of those who responded:

- 99% said they had confidence and trust in the last GP they saw, compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 97% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 89% and the national average of 85%.

- 98% said they had confidence and trust in the last nurse they saw, compared to the CCG average of 98% and the national average of 97%.
- 96% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG and national average of 91%.
- 94% said they found the receptionists at the practice helpful, compared to the CCG average of 89% and the national average of 87%.

Results from the NHS Friends and Family Test (FFT) were very positive (the FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services). In the period December 2015 to June 2016, 100% of (69) respondents said they would be either likely or extremely likely to recommend the practice to their family and friends.

Care planning and involvement in decisions about care and treatment

Patients were active partners in their care. Staff were committed to working in partnership with patients to make this a reality. Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also overwhelmingly positive and aligned with these views.

Results from the January 2016 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. Results were well above local and national averages. For example, of those who responded:

- 95% said the GP was good at listening to them, compared to the CCG average of 91% and the national average of 89%.
- 95% said the GP gave them enough time, compared to the CCG average of 90% and the national average of 87%.
- 99% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 90% and the national average of 86%.



Are services caring?

- 93% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 86% and the national average of 81%.
- 95% said the last nurse they spoke to was good listening to them, compared to the CCG and national average of 91%.
- 98% said the nurse gave them enough time, compared to the CCG average of 93% and the national average of 92%.
- 98% said the nurse was good at explaining tests and treatments, compared to the CCG average of 91% and the national average of 90%.

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

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

Patients' emotional and social needs were seen as important as their physical needs. Patients we spoke with on the day of our visit were positive about the emotional support provided by the practice. Patients 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 and took time to help and support them. Several patients commented that they had worked with and been supported by their own doctor to address their mental health problems; they had regular reviews and were closely

monitored. Patients said they felt this had enabled them to live more fulfilled lives. This included feeling able to visit friends and family and going on holiday when previously this would not have been possible.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there were leaflets with information about local carers services, a memory support service, a learning disability charity and a local drug and alcohol support team.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were also carers; 222 patients (1.7% of the practice list) had been identified as carers. They were offered support and referred for social services support if appropriate. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their named GP contacted them. 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. Staff knew their patients very well, which allowed for good continuity of care. We observed staff during the inspection and saw positive interactions with patients.

Many patients told us how much they valued the support of the doctors. We saw a large number of thankyou cards to the practice thanking the doctors for their care and support during difficult times.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.

- The practice was open every Monday evening for working patients who could not attend during normal opening hours; appointments were available with both doctors and nurses.
- There were longer appointments available for anyone who needed them. This included people with a learning disability or people speaking through an interpreter.
- Home visits were available for older patients / patients who would benefit from these. GPs carried out home visits to their own patients, which allowed for continuity of care.
- Several patients lived in local residential or nursing homes; GPs carried out regular visits and had regular phone contact with staff.
- Telephone consultations were available with each of the GPs each day.
- There were disabled facilities, hearing loop and translation services available.
- The site had level access to all facilities.
- Appointments could be booked on-line, in person, on the telephone. In 2015/2016, 26.8% of the practice's population was registered for on-line access; the highest in the clinical commissioning group (CCG) area. Uptake rates were also high.
- The practice had adopted the 'Year of Care' initiative (the Year of Care is about improving care for people with long-term conditions. It is about putting people with long term conditions firmly in the driving seat of their care, and supports them to self-manage).

There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met those needs. Urgent same half day access appointments were available for children and those with serious medical conditions. Many patients told us how they valued this service, especially those with children, and several made reference to this on the CQC comment cards. This impacted on the usage of the local walk-in centre; attendance rates for patients were less than half the CCG average of 20 per 1,000 patients and the regional average of 36 per 1,000 patients.

The practice had effective arrangements in place to provide person centred pathways of care, particularly for people with complex needs. There was a higher proportion of patients over the age of 65 (21.9%, compared to the CCG average of 18.9% and the national average of 17.1%). The practice took part in the CCG's admission avoidance scheme, and had identified those patients at high risk of admission to hospital (213 patients). Staff closely monitored this group of patients; all hospital attendances and admissions were reviewed and patients had enhanced access to appointments. There were dedicated appointment slots available in both morning and afternoon surgeries for high risk patients. These arrangements, in conjunction with the personalised list system, meant that despite having a higher number of older patients, the practice had a lower number of unplanned admissions to hospital than both the CCG and regional averages.

Access to the service

The practice was open between 8.30am and 8.40pm every Monday and between 8.30am and 6pm Tuesday to Friday. Appointments were available at the following times:

- Monday - 8.30am to 11.10am; then from 1.30pm to 8pm
- Tuesday – 9am to 11.20am; then from 3.05pm to 5.20pm
- Wednesday – 9am to 11.20am; then from 3.05pm to 5.20pm
- Thursday – 9am to 11.20am; then from 3.05pm to 5.20pm
- Friday – 9am to 11.20am; then from 3.05pm to 5.20pm

A duty doctor is available each morning between 8am and 8.30am and each afternoon until 6.30pm.

Extended hours surgeries were offered every Monday evening until 8pm. In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, urgent on the day appointments were also available for people that needed them.

Patients could access appointments and services in a way that suited them. Results from the National GP Patient Survey, published in January 2016, showed that patient's satisfaction with how they could access care and treatment was much higher than local and national averages.

For example:



Are services responsive to people's needs?

(for example, to feedback?)

- 84% of patients described their experience of making an appointment as good, compared to the CCG average of 78% and the national average of 73%.
- 90% of patients said they usually waited 15 minutes or less after their appointment time, compared to the CCG average of 73% and the national average of 72%.
- 92% of patients said they were able to get an appointment when necessary, compared to the CCG average of 86% and the national average of 85%.
- 78% of patients were satisfied with the practice's opening hours, compared to the CCG average of 80% and the national average of 75%.

Patients' individual needs and preferences were central to the delivery of tailored services. The practice operated a personalised list service, where each GP had an individual list of patients. Many patients told us they liked the personalised list system, this meant they were able to see the same GP each time and felt the practice offered good continuity of care. Arrangements were in place to ensure that patients could choose to change their named GP if they wished. If a patient was on a male GP's list then arrangements were in place so they could see a female GP if they preferred. These arrangements were built into the appointments system so patients did not have to wait longer if they wished to see a different GP. The practice scored extremely well in the National Patient Survey in relation to patients being able to see their preferred GP:

- 98% of patients usually got to see or speak to their preferred GP, compared to the CCG average of 64% and the national average of 59%.

The practice's score in relation to that indicator was the highest in the CCG and was the seventh highest nationally from a total of over 7,300 practices; all but one other practice in the top seven were single-handed GP practices so patients could only ever see their 'preferred' GP.

The practice had a system in place to assess:

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

Each GP managed their own patients' home visit requests. As they knew their patients very well they were able to prioritise the visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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. Leaflets detailing the process were available in the waiting room, there was a designated 'comments and complaints' noticeboard and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice had not received any written complaints during the previous year. Two verbal complaints had been received; we found these were satisfactorily handled and dealt with in a timely way. The practice displayed openness and transparency when dealing with complaints.

GPs supported patients who had concerns about other healthcare services. GPs took forward issues on their patients' behalf and helped them resolve their concerns.

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 'provide high quality primary care through a multi-disciplinary team approach and personalised care'. The ethos was that it was a traditional family practice with modern facilities.

- The practice had a mission statement which was, 'excellence through personalised care'.
- Staff knew and understood the practice values.
- The practice did not have a formal strategy or business plan in place. However, a number of priorities for the development of the practice had been identified and these were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a well defined staffing structure and staff were aware of their own roles and responsibilities.
- There were clear paths of clinical responsibility through the named doctor system.
- A comprehensive system of practice specific policies and protocol, both clinical and administrative, had been implemented and were available to all staff.
- Managers had a detailed understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us managers were approachable and always took the time to listen to..

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice 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 regular team meetings were held.
- GPs were aware that the personalised list system may have led to them working in silos and had a number of processes in place to overcome this. In addition to formal clinical meetings, the GPs supported each other throughout the working day; they met each lunchtime for peer support, to discuss any emerging issues or patients they may have been concerned about and to review policies and procedures.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported, particularly by the practice manager and the partners in the practice. Many staff were longstanding members of the team and had worked at the practice for many years.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. We spoke with two members of the PPG and they told us about some improvements made. For example, following suggestions, further appointments were added to Monday evening surgeries with additional doctors.

Are services well-led?

Good 

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

In addition to the National GP Patient Survey, the practice commissioned an external agency to carry out a practice specific patient survey. The results were very positive; and showed the practice performance was well above that of other similar size practices.

The practice had also gathered feedback from staff through meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. A regular staff newsletter was produced to inform staff about what was happening within the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example,

the practice was part of the regional 111 Vanguard (Vanguards have been set up by NHS England to help pioneer new models of care in the NHS) where patients would be able to access GP appointments via the 111 service.

Staff throughout the practice attended local forums to meet with colleagues and share best practice.

The practice took part in the CCG's admission avoidance scheme, and had identified those patients at high risk of admission to hospital. Staff closely monitored this group of patients; all hospital attendances and admissions were reviewed and patients had enhanced access to appointments. These arrangements, in conjunction with the personalised list system, meant that despite having a higher number of older patients, the practice had a lower number of unplanned admissions to hospital than both the CCG and regional averages.