

Resolution Health Centre

Quality Report

Resolution 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?	Requires improvement		
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	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Resolution Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Resolution Health Centre, 16 December 2016. The practice, which provides a service to registered patients as well as Walk-in patients, is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed with the exception of those relating to the management of medicines.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day and pre bookable appointments available.
- The practice is an Alternative Provider Medical Services (APMS) and is open seven days a week and offers a walk in service to registered and unregistered patients in the area.
- The practice had arrangements in place to ensure continuity of care by referring patients back to their registered GP when indicated following treatment at the Walk-in centre.
- Feedback from patients about their care was consistently positive.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place. The practice proactively sought feedback from staff and patients, which it acted on. The provider was aware of and complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

The provider **MUST** make improve;

- Ensure there are effective arrangements in place to ensure that vaccines and other medicines stored in the refrigerators are stored at the correct temperatures and appropriate records are maintained.

The practice **SHOULD**:

- Implement infection control audits.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. This was discussed at the practice meetings, investigated immediately and shared with the team.
- Risks to patients were assessed and well managed however the arrangements for managing medicines in the practice did not always ensure patients were safe. For example, the practice could not demonstrate appropriate checks were carried out to monitor temperatures of the vaccine refrigerators or that investigations were carried out when temperatures were out of range. Also no infection control audits had been undertaken.
- When things went wrong the practice had in place a policy to ensure patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice promoted a non-judgemental approach to dealing with incidents which encouraged staff to report all concerns.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) for 2015/2016 showed patient outcomes were at or below average compared to the local CCG and national average. However we saw that the practice had implemented an action plan and regular monitoring and monthly performance reviews were been carried out.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and there was a proactive approach to audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals, supervision and personal development plans for staff which were linked to the practices needs.
- The practice worked closely with other agencies.
- The practice was part of South Tees Hospitals NHS Foundation Trust which provided strong links to secondary and community care.
- Staff were proactive in supporting patients to live healthier lives through a targeted and practice approach to health promotion and the prevention of ill health.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed 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.
- Information for patients about the GP services available and the walk-in service was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

The practice is rated good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- There was a proactive approach to understanding the needs of different patient groups and to deliver care that met their needs.
- Urgent appointments were available the same day for registered and non-registered patients via the walk-in service. Patients said they could make an appointment with a named GP however there may be a wait of a few weeks to see them.
- Practice staff reviewed the needs of its local population and engaged with the local NHS England Area Team and Clinical Commissioning Group (CCG).
- Patients could access appointments and services by telephone, online or in person.
- There was an active review of complaints and how they were managed and the practice responded and made improvements in response to complaints received.

Summary of findings

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported. The practice had a number of policies and procedures to govern activity and held regular management and team 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.
- There was a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had a patient participation group (PPG) who worked with the practice to improve patient care.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had clearly identified areas of risk and improvement required which informed their future planning.

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

Good



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.
- All patients over 75 had a named GP. At the end of each year the practice identified all patients over 75 years of age who have not been reviewed and sent them a specific invitation for a health review.
- The practice was responsive to the needs of older people, and offered home and urgent appointments for those with enhanced needs.
- The practice had identified and reviewed the care of those patients at highest risk of admission to hospital. Those patients who had an unplanned admission or presented at Accident and Emergency (A&E) had their care plan reviewed. Care plans were regularly reviewed and discussed.
- The GPs reviewed NHS 111 contacts and planned follow up care as necessary.

People with long term conditions

Good



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. There was a joint approach in managing these patients with community and district nurses. The practice promoted self-management by using care plans for asthma and Chronic Obstructive Airways Disease (COPD).
- Patients with COPD, asthma and diabetes were managed by nurse led clinics and GPs. Nationally reported data for 2015/2016 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 87% compared to the national average of 82% and the CCG average of 80%.
- Longer appointments and home visits were available when needed.
- Patients with a long term condition had a named GP and a structured annual review to check their health and medicine needs were being met.

Summary of findings

- The practice promoted self-management for some long term conditions and referred patients for ongoing support where required.

Families, children and young people

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

Good



- Immunisation rates for 2015/2016 were comparable to or slightly below the local CCG and England average for all standard childhood immunisations. For example, immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 70% to 90% compared to 86% to 96% for the local CCG area and 81% to 95% for England.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data from 2015/2016 showed the practice's uptake for the cervical screening programme was 73% compared to the local CCG average of 82% and national average of 81%. We saw examples of systems in place to promote cervical screening to women throughout the practice in the form of posters.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice offered a walk-in service between 8am and 8pm for all registered and non-registered patients seven days a week.
- We saw positive examples of joint working with multidisciplinary teams, including midwives, health visitors and school nurses.
- The practice provided access to contraception and screening for sexually transmitted diseases (STDs).
- The practice offered six week post-delivery checks for mothers and babies.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

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 and provided a supportive and non-judgemental approach. Examples of these patient groups were people with drug and alcohol problems and those living with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Annual reviews for this group were monitored by the practice, all eight patients on the register had received an annual review.
- The practice held regular Gold Standards Framework (GSF) palliative care meetings to discuss and agree care plans. This involved the practice working together as a team and with other professionals in hospitals, hospices and specialist teams to provide the highest standard of care possible for patients and their families.
- The practice had a large cohort of patients whose first language was not English and had systems in place to meet the needs of this patient group.
- The practice provided the violent patient service across the area and had developed good systems to provide the service effectively.

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).

- Nationally reported data from 2015/2016 showed 71% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the previous 12 months, compared to the local CCG average of 84% and the national average of 84%. The current monthly monitoring indicated a rise to a 100 % of patients that had received a face to face review.
- Nationally reported data showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in

Requires improvement



Summary of findings

their record in the preceding 12 months was 21%, this was 68% below the local CCG average and 67% below the national average. The current monthly monitoring showed 45% of patients now had a care plan documented.

- The practice undertook regular patient reviews in their own home or in the surgery. Those patients who had not attended were followed up with an invitation letter or with a phone call.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice has a direct line of communication with an identified member of the mental health team.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Patients suffering acute mental health issues were seen on the same day and had access to the local crisis team.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Patients on medicines requiring regular monitoring and where the practice shared their care with mental health services were monitored regularly.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice 363 survey forms were distributed for Resolution Health Centre and 76 forms were returned, a response rate of 21%. This represented 1.3% of the practice's patient list. The practice was performing similar to or above the local CCG and national average in all of the 23 questions. For example:

95% of patients found it easy to get through to this practice by phone compared to the local CCG average of 74% and the national average of 73%.

- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the to the local CCG average of 85% and national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the local CCG average of 87% and the national average of 85%.

- 94% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the local CCG average of 77% and the national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 completed comment cards which were all positive about the standard of care received. Patients described the service they received from all staff at the practice as good, friendly and approachable and said staff treated them with dignity and respect.

We received feedback questionnaires from 14 patients during the inspection and spoke with one member of the patient participation group. All patients said they were happy with the care they received and thought all staff were helpful, caring, delivered excellent care and listened to them.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there are effective arrangements in place to ensure that vaccines and other medicines stored in the refrigerators are stored at the correct temperatures and appropriate records are maintained.

Action the service **SHOULD** take to improve

- Implement infection control audits.

Resolution Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, and a GP Specialist Adviser.

Background to Resolution Health Centre

Resolution Health Centre, North Ormesby Health Village, North Ormesby, Middlesbrough, Cleveland, TS3 6AL, is situated the outskirts of Middlesbrough. The practice is housed in a purpose built medical centre which is not owned by the practice. There is parking with some of the patients living within walking distance and there is access to public transport. There are 5436 patients on the practice list. However the practice provides a walk-in service open 8am to 8pm, 365 days per year. Walk-in patients are seen by a mixture of GPs and nurse practitioners. In the period 2015-2016 the practice offered 48,603 consultations for unregistered patients.

The practice scored one on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

There are six salaried GPs three male and three female. There are four nurse practitioners one male and three female, two practice nurses and one health care assistant (HCA) all female. The practice also uses regular Locum GPs to provide extra cover and support. The Locums used are via a framework agency (this means that the agency meets the full NHS rules for use in hospital and GP settings) all are on the medical performers list, GMC registered and demonstrate evidence of relevant experience, and

mandatory training such as child protection, basic life support. The Locums are always supported by the clinicians employed by the practice. There is a practice manager, and administrative staff. The practice works closely with the clinical commissioning group (CCG) and is part of South Tees Hospitals NHS Foundation Trust.

The practice is open from 8am to 8pm, seven days a week. The practice provides a walk-in centre service for registered and non-registered patients. Appointments can be booked by walking into the practice, by the telephone and on line. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by Northern Doctors via the NHS 111 service. The practice holds an Alternative Provider Medical Services (APMS) contract with the NHS North East Area Team. However at the time of the inspection the practice contract for the walk-in service was coming to an end in March 2017.

Why we carried out this inspection

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 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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 December 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, and the health care assistant (HCA). We also spoke with administration staff.
- Reviewed questionnaires from non-clinical staff that they completed and returned to CQC prior to the inspection.
- We received completed 14 questionnaires from patients who used the service on the day of the inspection. Reviewed 13 comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with one member of the Patient Participation Group.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager or the GPs of any incidents and there was 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).
- The walk-in service is a GP led service. The practice aim to start a full consultation within 30 minutes of the patient arriving at the practice with either a GP or nurse practitioner. All of the nurse practitioners have advanced clinical skills qualification and are independent or supplementary prescribers of medicines. On arrival at the practice, walk-in patients were asked by the reception staff to complete a questionnaire to provide demographic information and indicate to the reception staff if they were experiencing chest pains or breathing difficulties so that these can be prioritised to clinicians. The patients registered GP are alerted when one of their registered patients has attended the walk-in service. If the patient is registered at a practice using SystmOne a task is sent to the practice alerting them of the patients visit and that they can view the consultation. For practices that do not use SystmOne a copy of the consultation is faxed to the practice within 4 hours. Regular reviews of timely discharge summaries and patient waiting times were carried out as part of contractual performance monitoring.
- 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.
- The practice carried out an analysis of the significant events. Incidents occurring were discussed on the same day or at the next available meeting. Significant events were a standing item on meeting agendas and these

meetings occurred regularly. The results were shared with staff at meetings where the investigation and action plans were discussed and learning points for individual staff and the practice were identified. For example, following an incident where there was a delay in receiving the results of a patient's investigations the practice changed their processes to the use of a Web system that allowed staff to see pathology and radiology results held by the hospital, including ones staff had not requested. This meant all the practice team could see all the information it needed for their practice patients.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. 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 what constituted abuse and 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 GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We saw examples of the clinical staff working with other organisations to address safeguarding concerns. One of the GPs had meetings with the Health Visitor on a weekly basis. Staff demonstrated they understood their responsibilities and provided examples of when they would raise a safeguarding concern. All staff had received training on safeguarding children and vulnerable adults relevant to their role. The GPs were trained to child protection or child safeguarding level three and the nurses were trained to level 2 and level 3.
- All of the patients who completed the patient questionnaires were aware they could ask for a chaperone. Clinical staff acted as chaperones and they were trained for this and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify

Are services safe?

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. One of the practice nurses was the infection control clinical lead. The nurse had completed infection control training. There were infection control policies and procedures in place. However these were generic to the South Tees Hospitals NHS Foundation Trust and not specific to the practice. The practice completed monthly hand washing audits for all staff. However the practice had not completed an infection control audit for the practice. We saw that the nursing staff had processes to clean and check their rooms and equipment.
- The practice had spillage kits for blood, urine and vomit and staff knew how to use these.
- The arrangements for managing medicines, including emergency drugs and vaccinations, may not have always kept patients safe. We saw that the policy for checking the medicine refrigerators was not being followed by practice staff. We saw temperature recording was regularly missed for all of the medicine refrigerators during the past year. Most weeks showed checks were not done at a weekend and also at other times during the week. Following the inspection the practice provided evidence that this had been addressed by improving the process regular monitoring and the purchase of data loggers.
- Regular medication reviews were necessary to make sure that patients' medicines were up to date, relevant and safe and we saw evidence to confirm this. There was a system in place for the management of high risk medicines and we saw examples of how this worked to keep patients safe. Prescription pads were stored securely and there were systems in place to monitor their use. The practice took part in medicines optimisation initiatives in partnership with their local Clinical Commissioning Group (CCG) and South Tees Hospitals NHS Foundation Trust. Medicine optimisation aims to ensure that medicines provide the greatest possible benefit to people by medication review, and the use of patient decision aids. The practice kept up to date with developments and changes nationally and locally.

- We checked medicines stored in the treatment rooms found they were stored securely and were only accessible to authorised staff. Vaccines were administered by nurses and health care assistants using directions which had been produced in accordance with legal requirements and national guidance. Patient Group Directions and PSD (Patient Specific Direction) paperwork complied with national guidance.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw that the performers list assurance checks, revalidation and safeguarding training were undertaken for the locum doctors working in the practice.

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 which identified local health and safety representatives. The practice had carried out regular fire drills during the past year. The staff we spoke with were fully aware of what to do in the event of a fire.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises; including control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff told us that they supported each other by covering shifts when staff were on sick leave or holidays and there was a policy in place to ensure this happened.

Are services safe?

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. The practice had a defibrillator and oxygen available on the premises and regular checks were made to make sure they were working correctly.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice had undertaken audits following the issue of National Institute for Health and Care Excellence (NICE) guidance to ensure guidance was being followed.

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 for 2015/16 showed the practice achieved 72% of the total number of points available compared to the CCG average of 93% and the national average of 94%. In response to this the practice had reviewed their recording processes and now monitored their performance weekly. We saw that since these scores were published there had been an improvement in all areas of the QOF. This practice was an outlier for some areas of QOF (or other national) clinical targets. Data from 2015/16 showed;

- Performance for diabetes related indicators was 67% which was 19% below the local CCG average, and 22% below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 82% which was 0.7% below the national average and 1% below the local CCG average.
- Performance for mental health related indicators was 48% which was 48% below the local CCG average and 35% below the national average.
- Nationally reported data from 2015/2016 showed 71% of patients diagnosed with dementia had had their care

reviewed in a face to face meeting in the previous 12 months, compared to the local CCG average of 84% and the national average of 84%. The current monthly monitoring indicated a rise to a 100 % of patients that had received a face to face review.

- Nationally reported data showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 21%, this was 68% below the local CCG average and 67% below the national average. The current monthly monitoring showed 45% of patients now had a care plan documented.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last 12 months, three audit cycles where the improvements made were implemented and monitored. We looked at two audits were two cycles had been completed and saw improvements had been made. For example audits of Diabetes and anticoagulation management in the practice. Examples of improvements made following audit were the improved appointment system and monitoring of DNA for patients requiring anticoagulation monitoring. Review of the protocols in relation anticoagulation and peer review of GP prescribing. Following the diabetes audit the practice identified and engaged more with patients who had difficulty in managing their diabetes. They improved the frequency of reviews and adopted a multi-strategic approach to engage with patients. The practice participated in local audits, national benchmarking, accreditation and peer review. The practice regularly reviewed and monitored the walk-in service such as communication with the patients registered GP and patient waiting times as part of contractual performance monitoring.

Effective staffing

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

- The practice had an induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with a long-term condition and assessing and treating walk-in patients.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes and had attended recent courses.
- The learning needs of staff were identified through a system of appraisals, supervision and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating. The staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic and advanced life support and information governance. Staff had access to and made use of training modules, local courses and in-house training. The practice staff as part of South Tees Hospitals NHS Foundation Trust also had access to all courses offered to the acute hospital staff.

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 patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records, and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. As part of the South Tees Hospitals NHS Foundation Trust they had good access to referrals and expert advice.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs. When required these meetings were more frequent.

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 recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Where appropriate, patients were then signposted to the relevant service.
- Smoking cessation advice was available within the practice.

The practice's uptake for the cervical screening programme was 73%, which was below the local CCG average of 82% and the national average of 81%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice also followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable with the local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 90% and five year olds were 70% to 90%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

There was a strong, visible, person-centred culture. Staff were highly motivated and inspired

to offer care that was kind and promoted people's dignity and was provided close to home. Relationships between patients who used the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by all staff and promoted by leaders. Patients attending the walk in service were also positive about the care they received.

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

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

All of the 13 patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. All of the comment cards highlighted that staff responded compassionately and respectfully when patients needed help and staff provided support when required.

The practice results were similar to or above the local CCG averages and the national averages for its satisfaction scores for questions about how they were treated by GPs and nurses. Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. For example:

- 93% of patients said the GP was good at listening to them compared to the local CCG average of 90% and the national average of 87%.

- 95% of patients said the GP gave them enough time compared to the local CCG average of 89% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 96% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 87% and the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 93% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the local CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. Patients commented that they received timely access to other services, clear explanations and choice from the GP. 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 similar to or better than the local CCG and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 88% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 84% and the national average of 82%.

Are services caring?

- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 88% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language or were unable to communicate verbally.
- Information leaflets were available in easy read formats.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs and nurses if a patient was also a carer. The practice had identified 146 patients as carers; this was 2.6% of the practice list. All patients identified as carers were offered support and an annual flu vaccination. . Written information was available to direct carers to the various avenues of support available to them. The PPG were proactively supporting and promoting this agenda locally speaking with patients and attending other local groups.

The practice had developed a protocol to ensure when families had suffered bereavement; their usual GP contacted them. We saw bereavement information available in the practice waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the local NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Examples of these were improving the management of patients with learning disabilities and improving medicines optimisation in the practice. Medicines optimisation helped patients to get the best benefits from the medicines they take.

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

- There were longer appointments available for patients with a learning disability, older patients and those who were vulnerable.
- Home visits were available for those patients who requested them such as older patients and patients who had needs which resulted in difficulty attending the practice. There was a process in place for the duty GP to triage these requests.
- Same day appointments were available for registered and unregistered patients seven days a week.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8am and 8pm seven days a week. In addition pre-bookable appointments that could be booked up to six weeks in advance and urgent appointments were available for people that needed them.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was above the local CCG and the national average. The results below are more than 10% above the CCG and national average.

- 97% of patients were satisfied with the practice's opening hours compared to the local CCG average of 80% and the national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.

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

The practice had a system in place to assess:

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

When patients requested a home visit the details of their symptoms were recorded and then assessed by a GP. 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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system, for example the practice had a complaints summary leaflet. The practice was also able to draw on support from the complaints team in the South Tees NHS Hospitals Foundation Trust.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. An example of this was the safe storage of equipment in the reception area of the practice.

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 robust 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 and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The practice had a process in place to regularly review staffing and succession planning.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a strong culture of team working across all staff groups. Staff told us they were happy working in the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GPs and management team 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 the GPs, nurses and managers were approachable and always took the time to listen to all members of staff.

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 practice encouraged a culture of openness and honesty and they 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 the practice held monthly clinical meetings, three monthly QOF and performance meetings and quarterly meetings for prescribing, palliative care. There were monthly meetings with the Foundation Trust and strategic business meetings twice a year. We saw the minutes of the various meetings which confirmed good communication across the staff groups.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP's and management team.

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

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

- The practice had a proactive well established Patient Participation Group (PPG) who were active in supporting the practice to raise awareness about health related issues and keep the practice informed of local and neighbourhood developments. They gathered feedback from patients, commented on future developments and contributed to practice developments. Examples of these were the recent involvement in communicating the changes being proposed for the future of the practice. We saw that the PPG had been involved in the planned changes for the practice.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had identified their future challenges and concerns. These included; the Walk-in Service contract ending in March 2017 and the need also to support the Foundation Trust in meeting the four hour target until the contract ended. Also the need to improve Diabetes care and the need to evaluate how the violent patient registers impacted on the practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable in managing medicines safely; no action had been taken or recorded in response to refrigerator temperatures not being recorded regularly.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p>