

The Koh Practice

Quality Report

The Health Centre
Victoria Road
Hartlepool
TS26 8DB
Tel: 01429 273191
Website: drskohandtrory@co.uk

Date of inspection visit: 2 December 2015
Date of publication: 10/03/2016

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	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to The Koh Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Koh practice on 2 December 2015. Overall the practice 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 to report incidents and near misses. Information about incidents was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.
- Staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The area where the provider should make improvement is:

- Governance systems and process are to be developed further to monitor and assess the whole service in relation to risk and improvement. This includes quality assurance of internal processes including checking of emergency medicines and the safe storage of vaccines.
- All staff who chaperone are to be trained and have an up to date Disclosure and Barring Service (DBS) checks.

Summary of findings

- There should be better recording of significant events that detail action taken and lessons learned.
- Staff should receive annual appraisal.

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.

- There was a system in place for reporting and recording significant events.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.

However we found that the management and storage of vaccinations along with the cold-chain (The 'cold chain' is a system of transporting and storing vaccines within a recommended temperature range of 2 to 8 degrees Celsius) procedures were in need of improvements.

- There was a lack of documentation to show how lessons learnt were shared to make sure action was taken to improve safety in the practice.
- Two emergency medicines were found to be out of date and the oxygen cylinder was only a third full.

Staff who carrying out chaperoning duties should have a Disclosure and Barring Scheme (DBS) check.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed that patients rated the practice as better compared to others for several aspects of care. 98.2% of respondents said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 87.6% and national average of 88.6%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- They reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to have a consultation with a named GP and that there was continuity of care.
- The practice was very small but was equipped to treat patients and to meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- They had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- The provider was aware of and complied with the requirements of the Duty of Candour. This means providers must be open and transparent with service users about their care and treatment, including when it goes wrong. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- There was a strong focus on continuous learning and improvement at all levels.
- Staff felt supported by management.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was not active although there were plans to develop this.

However, we found the governance arrangements could be developed further to monitor and assess the whole service in relation to risk and improvement.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held a register of patients who were at risk of unplanned emergency admission to hospital.

Good



People with long term conditions

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

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Nationally reported data from 2014/2015 showed the percentage of patients diagnosed with asthma, on the register, who had had an asthma review in the preceding 12 months was 78.2%; this was 1.4% below the local CCG average and 2.9% above the national average.
- 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.

Requires improvement



Summary of findings

- Nationally reported data from 2014/2015 showed the percentage of patients diagnosed who have undergone cervical screening was 75.7%; this was 7.7% below the local CCG average and 6.1% below the national average. Same day appointments were available for children.

However the babies and children's immunisation programme had to be postponed due to concerns about the management of the vaccinations, particularly around the recording of the fridge temperatures. These recommenced shortly after the inspection, once appropriate action had been taken.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified. The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

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

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

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

Summary of findings

What people who use the service say

We spoke with six patients during the inspection and received 38 completed Care Quality Commission (CQC) comments cards in total. All of the patients we spoke with said they were happy with the service they received.

Results from the National GP Patient Survey July 2015 (from 126 responses received from the 315 survey forms distributed, a response rate of 40%) demonstrated that the practice was performing above the local and national averages. This represented 2.38% of the practice's patient list.

- 88.8% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 97.1% found the receptionists at this surgery helpful (CCG average 89%, national average 87%).
- 95.6% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 99% said the last appointment they got was convenient (CCG average 93%, national average 92%).

- 91% described their experience of making an appointment as good (CCG average 73%, national average 73%).

The practice did not have a Patient Participation Group (PPG), although steps have been taken to try to address this and there had been three volunteers. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. A suggestion box and friends and family results were available within the waiting area.

Patients we spoke with told us they were aware of chaperones being available during examinations. They told us staff were helpful and treated them with dignity and respect. We were told that the GPs, nurses and reception staff explained processes and procedures and were available for follow up help and advice.

We looked at the results of the practice survey and 'Family and Friends' (F&Fs) survey results for July 2015. They were very positive about the services delivered. Feedback from 38 comment cards and from six patients we spoke with reflected the practice's survey result as well as the results of the national survey.

Areas for improvement

Action the service SHOULD take to improve

- Governance systems and process are to be developed further to monitor and assess the whole service in relation to risk and improvement. This includes quality assurance of internal processes including checking of emergency medicines and the safe storage of vaccines.
- All staff who chaperone are to be trained and have an up to date Disclosure and Barring Service (DBS) check.
- There should be better recording of significant events that detail action taken and lessons learned.
- Staff should receive annual appraisal.

The Koh Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to The Koh Practice

The Koh Practice is situated close to Hartlepool town centre and close to local bus routes. It is situated in a health centre used by a further three practices. Parking is available next to the practice and there is disabled access.

The practice provides service under a general medical services (GMS) contract to the practice population of 5278 covering patients of all ages and population groups.

The practice has two GP partners and a salaried GP, all of who were male, two practice nurses and two health care assistants/phlebotomists. There is a practice manager supported by a team of reception and administration staff.

The practice also takes student nurses on their clinical placements.

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

The practice was open between 8.30 and 12.30 and 13.30 and 18.00 Monday to Friday; it was however closed daily between 12.30 and 13.30. Appointments were from 8.30 to 10.30 and 14.30 to 17.00 on Tuesdays, Thursdays and Fridays and 14.30 to 17.30 on Mondays and Wednesdays.

Out of hours (OOHs) services are provided by using the 111 service or there is an urgent care centre in the town centre.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 December 2015.

During our visit we:

- Spoke with a range of staff, including two GP partners, two practice nurses, the practice manager and administration/reception staff and spoke with patients who used the service.
- Observed the interaction between staff and patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed a range of records.

Detailed findings

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)

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.

We reviewed safety records, incident reports and national patient safety alerts. Whilst significant events were recorded it was not always clear what action had been taken and how lessons were learned. This was as a result of the significant event form not being fully completed. However we saw examples of where action had been taken, which was detailed in meeting minutes.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- Mental Capacity information and training was available to all staff.
- Not all staff who acted as a chaperone had received training and one member of staff who had previously carried out this role had not been DBS checked. However they had not carried out this role in excess of the last 12 months.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy, although there was some staining to the waiting room and corridor carpet. The practice nurse was the infection control clinical lead who 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.
- The arrangements for managing medicines, including emergency drugs, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However this was with the exception of the vaccinations. The records of fridge temperatures and procedures to show that the vaccines were being stored appropriately and safely were not in keeping with current legislation. As such it was unclear if they had been stored at the correct temperature. As a result the immunisation of babies and children was postponed until such time as the systems were safe and effective. Action was taken on the day of the inspection to rectify this and confirmation was received following the inspection that new equipment had been purchased and NHS England were satisfied the systems and processes in place.
- We also noted that two of the emergency medicines were out of date, one of which was aspirin, however an in-date supply was also available. We also found the oxygen cylinder was only one third full. Immediate steps were taken to obtain a further cylinder.
- We reviewed three personnel files, one was for the most recently employed member of staff. Their file contained all of the information needed for their job role and was in line with the practices procedure.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

Are services safe?

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.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- Two defibrillators were available within the building and were available to all four of the practices situated there.
- The practice did have their own oxygen supply. This was however only a third full. Action was taken to obtain a further oxygen cylinder.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice had a 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 assessed needs and delivered care in line 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 monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 were 95.9% of the total number of points available. Practices can exclude patients which is known as 'exception reporting', to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contra indication or side-effect. Lower exception reporting rates are more positive. The practice exception reporting rate was 5.7% which was below the local CCG and the same as the national average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators were below the CCG by 24.2% and below the national average by 18.3%.
- The percentage of patients with hypertension having regular blood pressure tests was 96.2% which was slightly below than the national average by 1.6%.
- Performance for mental health related indicators was slightly below than the CCG and national average at 92.3%.

- The dementia diagnosis rate was 100% which was above the CCG and national average.

Clinical audits demonstrated quality improvement.

- There was evidence that the practice had completed audits. An example included an audit of patients with peripheral arterial disease and best medical therapy. This was a completed full cycle audit. Review had also taken place. One related to the use of a medication used for diabetes.
- Unplanned hospital discharges are followed up well and there was a robust coding and information handling system.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions and taking samples for the cervical screening programme.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. No staff appraisals had taken place since 2014 and there was no evidence that the registered nurses had been appraised. They were however aware of the need for their future revalidation. The registered nurses also attended a monthly meeting at the local general hospital.
- Staff we spoke with told us they had received mandatory training that included: safeguarding, fire procedures, basic life support and information governance awareness. The practice manager had reviewed staff training since being in post. They had

Are services effective?

(for example, treatment is effective)

introduced on-line training and training passports. The practice manager was also in the process of updating information in respect of training as all of the staff records were not available within the practice.

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 investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- They held monthly palliative care meetings with district nurses and McMillan nurses.
- The practice participated in the 'Working Together Scheme', a collaborative nursing home visit group whereby a GP is allocated a named nursing home, which they visit on a weekly basis. Treatment and interventions were shared with the relevant patient's GP and care plans updated as a result.

Consent to care and treatment

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

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

- The process for seeking consent was monitored through records audit to ensure they met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 90%, which was 7.6% below the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88.1% to 96.6% and five year olds from 83.3% to 95.5%. Flu vaccination rates for the over 65s were 74.33%, and at risk groups 44.88 %. The CCG average was over 65s figure 73.24% and the under 65s was 52.29%.

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

A range of information was available to patient within the waiting area. This included information about diabetes, smoking cessation and the flu. There was also information about support agencies such as the Alzheimer's Society and counselling services.

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.

- 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.

All of the 38 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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.

Data from the National GP Patient Survey July 2015 showed from 121 responses that performance in many areas is higher than local and national averages for example;

- 98.2% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 98.2% said the GP gave them enough time (CCG average 87%, national average 87%).
- 99.4% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 96.2% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 97.1% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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. They said they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Data from the National GP Patient Survey July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The results were higher than local and national averages. For example:

- 95.9% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 94.2% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%)

Patient feedback on the comment cards we received was also positive and aligned with these views.

Patient and carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 96.1% said the last GP they spoke to was good at treating them with care and concern (CCG average 85.5%, national average 85.1%)

Posters, prescriptions and other communications asked patients to inform the practice if they are carers. The patients we spoke with and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Another example of how the practice demonstrated that it was caring included on occasions staff had taken patients home when they have been poorly and also dropped off prescriptions for some patients.

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 NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. They participated in the Better Care Scheme (an integrated approach to care) for at risk patients service as well as the nursing home visit group.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and a translation services available.

Access to the service

The practice was open between 8:30 and 10.30 and 14.30 and 17.00 Tuesday, Thursday and Friday. Appointments were from 8.30 to 10.30 and 14.30 to 17.30 on Mondays and Wednesdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 90.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.

- 88.8% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 91% patients described their experience of making an appointment as good (CCG average 73%, national average 73%).
- 75.9% patients said they usually waited 15 minutes or less after their appointment time (CCG average 70%, national average 65%).

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.
- We saw that information was available to help patients understand the complaints system as well as on the practice's website.

We looked at the four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. There was openness and transparency from the practice when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We did however note that there was the need to include information about the Ombudsman in the complaint response correspondence. This was in the event that patients were not satisfied with the outcome of the complaint.

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 practices stated goal included working in partnership with patients and healthcare professionals to ensure the most appropriate care is provided.
- Staff spoke of being well supported and said they had a shared ethos with great team working and communication.
- Staff said they thought the practice was open with good governance arrangement and was reflective.

Governance arrangements

We found that systems and processes were needed further improvement to monitor and assess the whole service in relation to risk and improvements.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A level of understanding of the performance of the practice and how this was to be improved.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensured high quality care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

Staff felt supported by management although the overall leadership needed to be built upon as acknowledged by the GP's and practice manager.

- Monthly team meetings took place however the GP's did not attend these. No clinical meetings took place although there were daily clinical discussions after morning surgery.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice. 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 and staff. Although there was currently no PPG, steps had been taken to address this and the practice was in the process of trying to develop this.

A suggestion box was available in the main waiting area as well as Friends and Family surveys. Survey results were also on display. We looked at an action plan from the 2015 patient survey. Areas for action included the development of a more comfortable waiting area. Steps are underway to try to address this but were linked with the overall refurbishment plan for the practice.

Continuous improvement

Although the practice had a clear vision for improvement they were hampered by the need for a full refurbishment of

Are services well-led?

Good 

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

the practise. This would enable them to expand the services it could offer to patients and increase the skill mix within the staff team. Discussions have taken place with NHS England in respect of this.

The practice has recently signed up to the Hartlepool and Stockton Steering Group Federation to work collaboratively with neighbour practices to look to providing a seven day a

week service to the patient population. They had also signed up to the Reduction in Variation and Improved Efficiency (RIVIE) scheme. This was a scheme working alongside two other GP practices in Hartlepool. It aimed to share best practice, to reduce variation and to improve the value of care offered to patients.