

The Erimus Practice

Quality Report

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Date of inspection visit: 9 June 2015
Date of publication: 29/10/2015

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

Ratings

| | | | |
|--|--|------|---|
| Overall rating for this service | | Good |  |
| Are services safe? | | Good |  |
| Are services effective? | | Good |  |
| Are services caring? | | Good |  |
| Are services responsive to people's needs? | | Good |  |
| Are services well-led? | | Good |  |

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Erimus Practice on 9 June 2015. Overall the practice is rated as good.

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.

- Patients who used the service were kept safe and protected from avoidable harm. The building was well maintained and clean.
- All the patients we spoke with were positive about the care and treatment they received. The CQC comment cards and results of patient surveys showed that patients were consistently pleased with the service they received.
- There was good collaborative working between the practice and other health and social care agencies that ensured patients received the best outcomes. Clinical decisions followed best practice guidelines.

- The practice met with the local Clinical Commissioning Group (CCG) to discuss service performance and improvement issues.
- There were good governance and risk management measures in place. The leadership team were visible and staff we spoke with said they found them very approachable.

However there were areas of practice where the provider needs to make improvements

Importantly the provider should:

- Ensure all recruitment checks are carried out in line with the practice policy.
- Ensure all staff are up to date with fire training.
- Ensure the practice has a written strategy which outlines their vision and plans for the future.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed on the whole patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice well for several aspects of care. Feedback from patients about their care and treatment was positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they were able to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and the practice responded to complaints and comments appropriately.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. The leadership team was visible and it had a clear vision and purpose. Staff were clear about the vision and their responsibilities in relation to this. There was a leadership structure and staff felt supported by management. Governance arrangements were in place and there were systems for identifying and managing risks. Staff were committed to maintaining and improving standards of care. Key staff were identified as leads for different areas in the practice and they encouraged good working relationships amongst the practice staff. Staff were well supported by the GPs and practice manager.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service and actively reviewed the care and treatment needs of these patients. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. Patients over the age of 75 had a named GP. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication 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. The practice offered comprehensive vaccination programmes which were managed effectively. Immunisation rates were relatively high for all standard childhood immunisations. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns. Appointments were available outside of school hours and the premises were suitable for children and babies. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice provided a range of options for patients to consult with the GP and nurse. The practice was proactive in offering online services. Useful information was available in the practice and on the website 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 where necessary, of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice offered these patients longer appointments. We found that all of the staff had a very good understanding of what services were available within their catchment area, such as supported living services, care homes and families with carer responsibilities.

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. They had access to the practices' policy and procedures and discussed vulnerable patients at the clinical meetings.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients who experienced mental health problems including dementia. The register supported clinical staff to offer patients an annual appointment for a health check and a medicines review. Data for 2013/2014 showed 78.4% of patients diagnosed with dementia had received a face to face review in the previous 12 months; this was above the local CCG average.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Information was available for patients on counselling services and support groups.

For common mental health problems, the practice had access to a local resource of downloadable audio files which could be accessed by using a link on their website. The files had been produced by Middlesbrough Hearts and Minds Group. The topics covered included: alcohol and you, anxiety, bereavement, controlling anger, depression and low mood, depression and domestic violence.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on the 8 January 2015 showed the practice was performing in line with local and national averages. There were 457 survey forms distributed for The Erimus Practice and 104 forms were returned, a response rate of 22.8%.

- 62.8% find it easy to get through to this surgery by phone compared with a CCG average of 75.6% and a national average of 71.8%.
- 90% find the receptionists at this surgery helpful compared with a CCG average of 88.1% and a national average of 86.9%.
- 64.8% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 53.8% and a national average of 53.5%.
- 80.8% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86.4% and a national average of 85.4%.
- 91.1% say the last appointment they got was convenient compared with a CCG average of 93.4% and a national average of 91.8%.
- 71.4% describe their experience of making an appointment as good compared with a CCG average of 76.3% and a national average of 73.8%.

- 54.9% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 72.8% and a national average of 65.2%.
- 54.9% feel they don't normally have to wait too long to be seen compared with a CCG average of 63.6% and a national average of 57.8%.

Feedback on the comments cards and from patients we spoke with reflected the results of the national survey.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. Patients said staff were polite and helpful and always treated them with dignity and respect. Patients described the service as excellent and said the staff were friendly and caring.

We spoke with 16 patients during the inspection and they also confirmed that they had received very good care and attention and they felt that all the staff treated them with dignity and respect.

We looked at the results of the Practice's 'Family and Friends' survey results for Dec 2014 to March 2015. They were also positive about the services delivered.

Areas for improvement

Action the service SHOULD take to improve

- Ensure all recruitment checks are carried out in line with the practice policy.
- Ensure all staff are up to date with fire training.
- Ensure the practice has a written strategy which outlines their vision and plans for the future.

The Erimus Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector and included a second CQC Inspector, a GP Specialist Advisor, a Practice Manager Specialist Advisor and an Expert by Experience.

Background to The Erimus Practice

The Erimus Practice is situated in the centre of Middlesbrough and provides services under a General Medical Services (GMS) contract with NHS England, Durham, Darlington And Tees Area Team to the practice population of 7244, covering patients of all ages.

The proportion of the practice population in the 65 years and over age group is lower than the England average. There is a slightly higher percentage in the under 18 age group than the England average. The overall practice deprivation score is higher than the England average, the practice is 44.9 and the England average is 23.6.

The practice has one GP partner and 3 Salaried GPs, three female and one male and a practice manager. There is one nurse practitioner, three practice nurses and a phlebotomist. The practice has a team of secretarial and reception staff.

The practice has undergone significant change in the 18 months prior to the inspection with the retirement of three senior GP partners.

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patients use the 111 service to contact the OOHs provider. The Out of Hours service is provided by Northern

Doctors Urgent Care (NDUC). Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

The practice is open between 8.00am to 6.00pm Monday to Friday. Appointments are from 9.00am to 12md and 2.00pm to 5.30pm daily. Extended hours surgeries are offered Tuesdays and Thursdays from 7.00am to 8.00am. The practice, along with all other practices in the South Tees CCG area have a contractual agreement for NDUC to provide OOHs services from 6.00pm and this has been agreed with the NHS England area team.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out an announced inspection 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

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?

Detailed findings

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

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

Before visiting, we reviewed a range of information we held about the service and asked other organisations to share

what they knew about the service. We reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on 9 June 2015.

During our visit we spoke with a range of staff including one GP, a practice nurse and the practice manager. We also spoke with the receptionist/prescribing clerk, another receptionist and the secretary. We spoke with 16 patients who used the service and observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone. We also reviewed 31 CQC comment cards where patients were able to share their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and system in place for reporting and recording significant events. People affected by significant events received a timely apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient had not had a blood test taken which was a requirement of the medication they were taking. The practice reviewed its repeat prescription protocol to ensure it made reference to staff checking if blood tests were required when issuing repeat prescriptions. This was discussed at staff meetings and all staff reminded of the correct procedure.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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.
- Information telling patients that they could ask for a chaperone was visible in the consulting rooms. Nursing and reception staff acted as chaperones and understood their responsibilities, including where to stand to be able to observe the examination. Nursing staff had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The reception staff had not had a DBS check but the practice manager told us they would stop the reception staff chaperoning and action this immediately.
- 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 an up to date fire risk assessment and fire drills had been carried out although one was overdue. Staff were not up to date with fire training but staff we spoke with were able to describe the action they would take 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The nurse practitioner was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits and quarterly monitoring were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

Are services safe?

- The practice had a recruitment policy which outlined the process and checks to be undertaken for all new staff. Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. Appropriate checks through the Disclosure and Barring Service had been done for the GPs and nurses. The references in two of files had not been date stamped when they were received.
- 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

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available which was shared with another practice in the health centre and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through audits.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results from 2013/2014 showed the practice achieved 90.7% of the total number of points available. Data from 2013/14 showed;

- Performance for diabetes related indicators was 82.5% which was 9.7% below the CCG and 7.6% below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 75.4% which was 7.9% below the CCG and 7.5% below the national average.
- Performance for asthma was 100% which was 6.3% above the CCG and 2.8% above the national average.
- Performance for dementia was 96.7% which was 6.5% above the CCG and 3.3% above the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We were shown five clinical audits that had been completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve services. For example, recent action taken as a result included a new practice protocol being developed for patients with a kidney condition that need to be on restricted fluids.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during meetings, peer support, appraisals, facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance awareness. The practice had recently purchased a new on line training tool and staff had access to this and were bringing their training up to date.

Coordinating patient care and information sharing

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

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

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act

Are services effective?

(for example, treatment is effective)

2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems. Patients were then signposted to the relevant service. An alcohol treatment service and clinical psychologist service were available on the premises and smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 84.8%, which was 3% above the CCG and 2.9% above

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 above or comparable to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.9% to 100% and five year olds from 92.4% to 98.7%. Flu vaccination rates for the at risk groups were above the CCG and national average for chronic obstructive pulmonary disease and heart disease and below the CCG and national average for diabetes. The practice had identified actions to increase the uptake of flu vaccinations for patients with diabetes.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 31 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with one member of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey published in January 2015 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was similar to or below the CCG and national average for consultations with doctors. It was above the CCG and national average for its satisfaction scores on consultations with nurses. For example:

- 79.8% said the GP was good at listening to them compared to the CCG average of 87% and national average of 87.2%.
- 77.2% said the GP gave them enough time compared to the CCG average of 86.2% and national average of 85.3%.
- 93.6% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 92.2%

- 77.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83.5% and national average of 82.7%.
- 95.5% said the nurse was good at listening to them compared to the CCG average of 86.4% and national average of 79.1%.
- 85.5% said the nurse gave them enough time compared to the CCG average of 86.7% and national average of 80.2%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 91% and national average of 85.5%
- 88.2% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84.6% and national average of 78%.
- 90% patients said they found the receptionists at the practice helpful compared to the CCG average of 88.1% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages for the GPs and above local and national averages for the nurses. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82.9% and national average of 82%.
- 75.8% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75.5% and national average of 74.6%
- 88.8% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 84.2% and national average of 76.7%.
- 82.6% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 74.5% and national average of 66.2%

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. Google translate was available on the practice website however there was no notice in the reception area informing patients the translation service was available.

Patient and carer support to cope emotionally with care and treatment

There was information available in the patient waiting room for patients about how to access a number of support groups and organisations, however this was stored in a ring binder on a table and was not clearly visible to patients.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. Information was available on the website for carers to ensure they understood the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice had identified their patients who were frequent attenders at accident and emergency (A/E). All the patients who were frequent attenders were reviewed by the GPs and offered appropriate support to reduce their need to attend A/E. The number of patients that attended A/E frequently reduced from 23 to 11.

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

- The practice offered early morning appointments between 7.00am and 8.00am on Tuesdays and Thursdays for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Appointments could be made on line, via the telephone and in person.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had a dedicated nurse who carried out visits to a care home for patients with learning disabilities to review those patients who could attend the surgery.

Access to the service

The practice was open between 8.00am to 6.00pm Monday to Friday. Appointments were available from 9.00am to 12.00pm and 2.00pm to 5.30pm daily. The practice, along with all other practices in the South Tees CCG area had a

contractual agreement for the Northern Doctors Urgent Care service to provide Out of Hours services from 6.00pm Monday to Friday. This had been agreed with the NHS England Area Team.

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 published in January 2015 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke with on the day were able to get appointments when they needed them. For example:

- 86.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 80.3% and national average of 75.7%.
- 62.8% patients said they could get through easily to the surgery by phone compared to the CCG average of 75.6% and national average of 71.8%.
- 71.4% patients described their experience of making an appointment as good compared to the CCG average of 76.3% and national average of 73.8%.
- 83.2% patients said the GP surgery was currently open at times that are convenient compared to the CCG average of 78.9% and national average of 73.8%.

Listening and learning from concerns and complaints

The practice had a 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. Information was on the practice website, in the patient information leaflet and displayed in the waiting room. We saw that the complaints policy had details of who patients should contact and the timescales they would receive a response by. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. We saw that patients were involved in the complaint investigation and the practice was open when dealing with the complaint.

Are services responsive to people's needs?

(for example, to feedback?)

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of

care. For example, following one complaint the practice had reiterated to clinical staff that patients' conditions should only be discussed in the privacy of the consulting rooms.

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 standards were displayed on the website and staff knew and understood the standards. The practice did not have a written strategy or supporting business plan which outlined how they would deliver their vision.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practice standards to provide good quality care. This outlined the structures and procedures in place and ensured that:

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

Leadership, openness and transparency

The practice has undergone significant change in the 18 months prior to the inspection with the retirement of three senior GP partners. The remaining partner and practice manager were working together to ensure the practice ran smoothly and they delivered high quality care to their patients. They prioritised safe, high quality and compassionate care. The partner and practice manager 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. A culture of openness and honesty was encouraged by the management team.

Leads had been identified for key areas including infection control, governance and safeguarding although not all staff were clear who the leads were for each area.

Clinical meetings were held bi-monthly and we saw copies of minutes which showed significant events, complaints, audits new guidelines and patient feedback was discussed. Staff told us that regular team meetings were held although these were ad hoc and no minutes were taken. 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 felt confident in doing so and felt supported if they did. Staff said they felt valued and supported, by the GPs and practice manager. On the whole staff told us they were involved in discussions about how to run and develop the practice. However we were told that on some occasions decisions were made which affected staff and they were not always involved in the discussions about the changes.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, 70% of the respondents to the practice PPG survey were in favour of a newsletter. The newsletter had been reintroduced, and copies were available in the waiting area and on the practice website.

The practice had also gathered feedback from staff generally 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 management. Staff told us they felt involved and engaged to improve how the practice was run. For example, following discussion it had been agreed that to increase the uptake of annual reviews for patients with learning disabilities the nurse practitioner would undertake reviews in the practice and in a local care home.