

Guidepost Medical Group

Quality Report

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

Ratings

Overall rating for this service

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 Guidepost Medical Group on 9 February 2016. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

- Feedback from some patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were available the same day.
- Extended hours appointments were available one Wednesday morning most weeks, one Thursday evening each month and on two Saturday mornings each month.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. 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.

We saw two areas of outstanding practice:

- The practice took steps to ensure that new patients were engaged with by the practice. Each new patient was offered a meeting with the reception manager or reception supervisor who ensured that patients were aware of the services offered by the practice. For

Summary of findings

example, the appointments system was explained, new patients were able to register for online services and initial clinical information such as smoking status was gathered.

- The practice had participated in a Health Champions scheme. Practice Health Champions were patients who worked with the staff in the practice to meet the health needs of patients and the wider community.

The health champions at the practice focused on reducing social isolation. For example, a walking group had been set up and regular coffee mornings had been held.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- 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.
- When there were unintended or unexpected safety incidents, patients 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, there was an effective safety alert system and safeguarding leads were in place and appropriate recruitment checks had been undertaken prior to employing staff.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- We found that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed patient outcomes were at or above average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 99% of the points available in 2014/2015. This was above the local average of 98% and the national average 94%. For 17 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.
- We saw evidence that clinical audits were used to improve quality.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff. However, reception staff were appraised every two years.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Summary of findings

- The practice had participated in a Health Champions scheme. Practice Health Champions were patients who worked with the staff in the practice to meet the health needs of patients and the wider community. The health champions at the practice focused on reducing social isolation. For example, a walking group at been set up and regular coffee mornings had been held.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed that patients rated the practice comparable to or below national averages. For example, results from the National GP Patient Survey showed that 84% of respondents said the last GP they saw or spoke to was good at listening to them, compared to 89% nationally. 85% of respondents said the last GP they saw was good at explaining tests and treatments, compared to the national average of 86%. 84% of respondents said the last nurse they saw was good at treating them with care and concern, compared to the national average of 90%.
- 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 they maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Feedback from some patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were available the same day. During feedback with the practice, we discussed feedback from patients. They agreed it would be appropriate to identify actions the practice could take to respond to this feedback from patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the waiting area had been changed following feedback from the patient participation group.

Are services well-led?

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

Good



- 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 by management.
- The practice carried out proactive succession planning.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour regulation. The practice encouraged a culture of openness and honesty. They had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was an overarching governance framework that supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement. For example, all referrals made by the practice were discussed in a weekly referral review meeting. The practice focused on learning and improvement and ensured these sessions were open and supportive.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over the age of 75 had a named GP.
- Patients over the age of 75 and carers were offered an annual health check.
- Information was available in the practice waiting area for patients who were carers.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were good. For example, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was 1.1% above the local clinical commissioning group (CCG) average and 2.1% above the national average.
- The practice maintained a palliative care register and reviewed the needs of these patients each month.
- The practice offered immunisations for pneumonia to older people.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority for care and support by the practice.
- Nationally reported data showed the practice had achieved good outcomes in relation to the conditions commonly associated with this population group. For example, the practice had achieved 96.5% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was 1.5% above the local CCG average and 7.3% above the national average.
- A podiatrist was available to support patients with diabetes three days a week and a dietician was available one day each week.

Summary of findings

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

Families, children and young people

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

Good



- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were arrangements for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% (CCG average 95% to 98%) and for five year olds ranged from 94% to 99% (CCG average 95% to 99%). A part-time breast feeding co-ordinator was available at the practice.
- Urgent appointments for children were available on the same day.
- 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.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice. The practice had an area where patients could secure prams.
- Nationally reported data showed that outcomes for patients with asthma were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 0.7% above the local CCG average and 2.6% above the national average.
- The practice's uptake for cervical screening was 81%, which was comparable to the local CCG average of 83% and national average of 82%.
- The practice provided a full range of contraceptive services.

Summary of findings

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, students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were available one Wednesday morning most weeks, one Thursday evening each month and on two Saturday mornings each month.
- Patients could order repeat prescriptions and book appointments on-line.
- Text message appointment reminders were available.
- Telephone appointments and telephone advice were available.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- Additional services such as health checks for over 40's, travel vaccinations, minor surgery and joint injections were provided.

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.
- The practice offered longer appointments for patients with a learning disability if required.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- The practice informed 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.
- The practice was a safe reporting centre as part of a local police initiative. Safe reporting centres provided a supportive environment for people to report disability hate crime to police.

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 held a register for patients experiencing poor mental health.
- Nationally reported data showed that outcomes for patients with mental health conditions was good. The practice had achieved 96% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 0.3% below the local CCG average and 3.4% above the national average.
- Nationally reported data showed that outcomes for patients with dementia were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was 0.9 % above the local CCG average and 5.5% above the national average. 94% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which is above the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Local mental health support services were available at the practice on a regular basis.
- 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.
- The practice had an in-house counselling service for patients. The practice used the services of trainee counsellors to reduce the waiting time for appointments. Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing in line or below the local and national averages in many areas. There were 262 forms sent out and 111 were returned. This is a response rate of 42% and represented 1.3% of the practice's patient list.

- 57% found it easy to get through to this surgery by phone (CCG average 77%, national average of 73%).
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 85% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 78% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).
- 90% found the receptionists at this surgery helpful (CCG average 89%, national average of 87%).
- 95% said the last appointment they got was very convenient (CCG average 93%, national average 92%).

- 72% described their experience of making an appointment as good (CCG average 76%, national average of 73%).
- 87% usually waited 15 minutes or less after their appointment time to be seen (CCG average 74%, national average 65%).
- 80% felt they don't normally have to wait too long to be seen (CCG average 68%, national average 58%).

We reviewed 35 CQC comment cards most of which were positive about the standard of care received. They also described the practice staff as caring and helpful. Five of the CQC comment cards commented negatively about the service provided by the practice, most negative comments concerned difficulties in making an appointment.

We spoke with six patients during the inspection; two were members of the patient participation group. All the patients said they were happy with the care they received. They said they thought the staff involved them in their care, explained tests and treatment and that the practice was clean.

Outstanding practice

- The practice took steps to ensure that new patients were engaged with by the practice. Each new patient was offered a meeting with the reception manager or reception supervisor who ensured that patients were aware of the services offered by the practice. For example, the appointments system was explained, new patients were able to register for online services and initial clinical information such as smoking status was gathered.
- The practice had participated in a Health Champions scheme. Practice Health Champions were patients who worked with the staff in the practice to meet the health needs of patients and the wider community. The health champions at the practice focused on reducing social isolation. For example, a walking group had been set up and regular coffee mornings had been held.

Guidepost Medical Group

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 manager specialist adviser. .

Background to Guidepost Medical Group

Guidepost Medical Group is registered with the Care Quality Commission to provide primary care services.

The practice provides services to around 8,500 patients from one location.

- North Parade, Choppington, Northumberland, NE62 5RA.

We visited this address as part of the inspection.

Guidepost Medical Group is based in purpose built premises in Choppington. All reception and consultation rooms are fully accessible. There is on-site parking and disabled parking. A disabled WC is available.

The practice has five partners and four salaried GPs (two male, seven female). The practice employs a practice manager, a receptionist manager, four practice nurses, three clinical support assistants (two of which also work as receptionists) and 14 staff who undertake administrative or reception duties. The practice provides services based on a Personal Medical Services (PMS) contract agreement for general practice.

The practice is an approved training practice where qualified doctors gain experience in general practice; on the day we inspected the practice, no trainee doctors were working at the practice.

Guidepost Medical Group is open at the following times:

- Monday to Friday 8am to 5:30pm

The telephones are answered by the practice during these times. When the practice is closed patients are directed to the NHS 111 service. This information is available on the practices' telephone message, website and in the practice leaflet.

Appointments are available at Guidepost Medical Group at the following times:

- Monday to Friday 8am to 12:30pm then 1:30pm to 5:30pm

Extended hours surgeries are offered one Wednesday morning most weeks from 7am until 8am, one Thursday evening each month from 6:30pm until 8:45pm and two Saturday mornings each month from 8:30am until 10:45am. Same day 'sit and wait' appointments are available each day for urgent medical issues only.

The practice is active in clinical research and patients at the practice are encouraged to participate in appropriate clinical trials.

The practice had baby feeding facilities and a hearing loop was fitted.

The practice is part of NHS Northumberland clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in the fifth more deprived decile. In general, people living in more deprived areas tend to have greater need for health

Detailed findings

services. Average male life expectancy at the practice is 78 years compared to the national average of 79 years. Average female life expectancy at the practice is 81 years compared to the national average of 83 years.

The proportion of patients with a long-standing health condition is below average (57% compared to the national average of 59%). The proportion of patients who are in paid work or full-time employment or education is average (56% compared to the national average of 56%). The proportion of patients who are unemployed is below average (3% compared to the national average of 5%).

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

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 9 February 2016. During our visit we:

- Reviewed information available to us from other organisations, such as NHS England.

- Reviewed information from the CQC intelligent monitoring systems.
- Spoke to staff and patients. This included three GPs, the practice manager, two practice nurses, a healthcare assistant who also had an administrative role and two members of the reception team. We spoke with six patients who used the service.
- Looked at documents and information about how the practice was managed and operated.
- Reviewed patient survey information, including the National GP Patient Survey of the practice.
- Reviewed a sample of the practice's policies and procedures.

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 of any incidents and there was a recording form available for staff to use to document these. Lessons from significant events were shared with staff and we saw evidence that changes had been made to improve safety at the practice. For example, following a delayed urgent referral to secondary care a new process had been introduced that ensured urgent referrals were automatically allocated to a member of the administration team for action. The practice's process for reviewing clinical events was well managed and effective.
- The practice carried out a thorough analysis of significant events; however, there was no analysis of significant events to look for recurring themes.
- The practice used the Safeguard Incident and Risk Management System (SIRMS). This system enables staff to flag up any issues, via their surgery computer, to a central monitoring system so that the local CCG could identify any trends and areas for improvement.
- The provider was aware of, and complied with, the requirements of the Duty of Candour regulation. The partners encouraged a culture of openness and honesty. They had robust systems in place for knowing about notifiable safety incidents. When there were unexpected, or unintended safety incidents, the practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of the weekly clinical meeting where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients 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 practice's 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 regular safeguarding meetings and 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 level three in children's safeguarding.

- A notice in the waiting room and all consultation rooms advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check, (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw the premises were clean and tidy. The practice nurse was the infection control clinical lead. They liaised with the local infection prevention teams to keep up-to-date with best practice. There was an infection control protocol in place and staff had received relevant training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the infection control policy had been updated and new processes to monitor cleaning had been introduced.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked in the practice were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- We reviewed two personnel files and found the practice had undertaken appropriate recruitment checks prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

Are services safe?

- The practice had a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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. The practice had an up-to-date fire risk assessment and carried out regular fire drills. The practice checked all electrical equipment to ensure it 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 the safety of the premises, such as control of substances hazardous to health and 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 and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure that enough staff

were on duty. The practice had previously reviewed their skill mix, for example, clinical support assistant roles were changed. This ensures nursing staff were able to focus on chronic disease management.

Arrangements to deal with emergencies and major incidents

The practice had appropriate 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. The clinical rooms were also fitted with panic alarms.
- All staff received annual basic life support training and there were emergency medicines available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of the medicines we checked were in date and fit for use
- The practice had a defibrillator, and oxygen with adult and children's masks available, in one of the treatment rooms. A first aid kit and accident book was available.
- The practice had a comprehensive risk based business continuity plan 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 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 discussed clinical guideline at their weekly clinical meetings.
- The practice had developed their own intranet where practice, local and national guidelines were available. The clinical lead for each area ensured these guidelines were updated when required. Guidelines were discussed at practice meetings; this ensured all staff were aware of current clinical guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recent published results showed the practice had achieved 99% of the total number of QOF points available compared to the local clinical commission group (CCG) average of 98% and the national average of 94%. At 7.6%, their clinical exception-reporting rate was 1.7% below the local CCG average and 1.6% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)

Data from 2014/2015 showed;

- Performance for the diabetes related indicators was above average (97% compared to the CCG average of 95% and the national average of 89%). For example, the percentage of patients on the diabetes register, who had an influenza immunisation within the preceding 12 months was 96%, compared to the national average of 95%. However, the percentage of patients on the

diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 69%, compared to the national average of 88%. The practice had undertaken work to improve their performance; they had trained clinical support assistants and nursing staff at the practice to complete diabetic foot checks. The practice had so far achieved 76% of these foot checks for the current year to date.

- Performance for the mental health related indicators was in line with the local average and above the national average (96% compared to the CCG average of 96% and the national average of 93%). For example, the percentage of patients with physical and/or mental health conditions, whose notes included a record of their smoking status in the preceding 12 months, was 96%, compared to the national average of 94%.
- Performance for the dementia related indicators was above average (100% compared to the CCG average of 95% and the national average of 95%). For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 94%, compared to the national average of 84%.
- The practice also performed well in other areas. For example, the practice had achieved 100% of the points available for 17 of the 19 clinical domains, including the asthma, cancer and depression domains.

Clinical audits demonstrated quality improvement. We saw evidence that the practice used clinical audits effectively and that they were linked to improving patient outcomes.

- We saw a number of clinical audits had recently been carried out. This included an audit of patients who had been diagnosed with gout to ensure patients were monitored correctly and given the correct medication. An initial audit was carried out which showed that 12% patients' results were in line with current guidance. A second audit had been completed that showed that 32% of patients' results were now in line current guidance. The practice planned to complete this audit again to see if further improvements could be achieved. Patients with gout were now invited for yearly monitoring.
- The practice participated in local audits. For example, a review of rheumatology medicines prescribed by secondary care had resulted in changes to how the prescriptions for these patients were managed.

Are services effective?

(for example, treatment is effective)

- The practice discussed the results of audits at the weekly clinical meetings to ensure that all staff were aware of any changes to practice that were required.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff, including locums GPs. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice reviewed the initial consultations undertaken by newly appointed locum GPs to ensure they worked in line with practice and national guidance. The induction programme for locum GPs provided effective support and supervision. Staff told us that the induction process at the practice was supportive and very thorough.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, updates for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by having access to on line resources and discussion at practice meetings.
- Staff received training which included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw that staff training needs were monitored and staff informed when they needed to undertake training. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All clinical and nursing staff had an appraisal within the last 12 months. Reception staff were appraised every two years.

- Staff had been given the opportunity to develop. For example, a member of the clinical support team had initially been appointed as an administrator.
- The practice held monthly meetings for one half clinical session each month that involved the whole practice team. These meetings focused on mandatory training updates, the implementation of clinical guidelines and generating ideas for improvements to 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 and intranet systems.

- This included 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.
- Staff worked together with other health and social care services 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, when they were referred or, after they were discharged from hospital. We saw evidence that multi-disciplinary team (MDT) meetings took place on a regular basis. For example, monthly meetings were held that discussed patients on the palliative care register, patients who were at high risk of admission to hospital and child safeguarding.

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.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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

- This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice had participated in a Health Champions scheme. Practice Health Champions were patients who worked with the staff in the practice to meet the health needs of patients and the wider community. The health champions at the practice focused on reducing social isolation. For example, a walking group at been set up and regular coffee mornings had been held.
- Information such as NHS patient information leaflets was also available.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and national average of 82%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood

immunisation rates for the vaccinations given to under two years old ranged from 98% to 100% (CCG average 95% to 98%), and for five year olds ranged from 94% to 99% (CCG average 95% to 98%). The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice, for example, the nurse took samples opportunistically when this was possible.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

All new patients were offered a meeting with the reception manager or reception supervisor who ensured that patients were aware of the services offered by the practice. This meeting was also used to collect some information from patients such as smoking status and how much alcohol they consumed each week. Patients were registered for online services at this meeting if they wanted to.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We saw that 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.
- From discussion with the staff, we heard of good examples of patient focused care and staff were able to describe examples of good quality care. For example, a vulnerable patient has a regular appointment with one of the GPs. The appointment is not to provide clinical care, it is focused on building a trusting relationship with the patient.

The majority of the Care Quality Commission comments cards we received were positive about the care and treatment they received from the practice. Patients reported that they received good care; staff were polite, friendly and caring and treated them with dignity and respect.

Results from the National GP Patient Survey, published in July 2015, showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect. However, the practice's satisfaction scores on consultations with GPs and nurses were lower, when compared to the local and national averages.

For example:

- 84% said the GP they saw or spoke to was good at listening to them (clinical commissioning group (CCG) average 91%, national average 89%).
- 87% said the GP they saw or spoke to gave them enough time (CCG average 89%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%).

- 82% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 96% had confidence or trust in the last nurse they saw or spoke to (CCG average 99%, national average 97%).
- 81% said the last nurse they saw or spoke to was good at listening to them (CCG average 93%, national average 91%).
- 79% said the last nurse they saw or spoke to was good involving them in decisions about their care (CCG average 87%, national average 85%).

During feedback with the practice, we discussed the results of the National GP Patient Survey. The practice agreed it would be appropriate to review these results, and the results of the National GP Patient Survey published in January 2016, to identify actions the practice could take to respond to this feedback from patients.

Data from the most recent Friends and Family Survey carried out by the practice, between October and December 2015, showed that 81% of patients said they would be extremely likely or likely to recommend the service to family and friends. No patients said they would be unlikely to recommend the service.

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.

Results from the National GP Patient Survey, published in July 2015, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results were generally below local CCG and national averages.

For example:

- 84% said the last GP they saw was good at explaining tests and treatments (CCG average of 89%, national average of 86%).
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 81%).

Are services caring?

- 82% said the last nurse they saw was good at explaining tests and treatments (CCG average 92%, national average 90%).
- 79% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, information was available for patients with dementia or their carers.

The practice's computer system alerted GPs if a patient was also a carer. Information was available to direct carers to the various avenues of support available to them. At the time of our inspection, there were 32 carers on the register, which equated to 0.38% of the practice population.

Staff told us that if families experienced bereavement the patients' usual GP telephoned or visited the family to offer support and advice.

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 their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

The practice was aware of the needs of their practice population and provided services that reflected their needs. For example:

- When a patient had more than one health condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- The practice had a usual doctor system in place for all patients. This supported continuity of care.
- Extended hours appointments were available one Wednesday morning most weeks, one Thursday evening each month and on two Saturday mornings each month.
- There were longer appointments available for patients with a learning disability, patients with long term conditions and those requiring the use of an interpreter.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations that were available on the NHS.
- There were disabled facilities and translation services were available. A hearing loop was fitted.
- The practice had an in-house counselling service for patients. The practice used the services of trainee counsellors to reduce the waiting time for appointments.
- A part-time breast feeding co-ordinator was available at the practice.
- A podiatrist was available to support patients with diabetes three days a week and a dietician was available one day each week. Staff at the practice have also been trained to undertake diabetic foot reviews.
- Patients were able to access external support services at the practice. For example, from an independent organisation that offered advice and support to people who required debt management advice visited the practice regularly.

Access to the service

Guidepost Medical Group was open at the following times:

- Monday to Friday 8am to 5:30pm.

Appointments were available at Guidepost Medical Group at the following times:

- Monday to Friday 8am to 12:30pm then 1:30pm to 5:30pm

Extended hours surgeries were offered one Wednesday morning most weeks from 7am until 8am, one Thursday evening each month from 6:30pm until 8:45pm and on two Saturday mornings each month from 8:30am until 10:45am. In addition to pre-bookable appointments available with the GP up to two weeks in advance same day appointments were available and 'sit and wait' appointments were available each day for urgent medical issues only.

Results from the National GP Patient Survey, published in July 2015, showed that patients' satisfaction with how they could access care and treatment was both generally below local and national averages.

- 77% of patients were satisfied with the practice's opening hours (CCG average 77%, national average of 75%).
- 57% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 83% patients said they able to get an appointment or speak to someone last time they tried (CCG average 86%, national average 85%).
- 80% feel they normally don't have to wait too long to be seen (CCG average 68%, national average 58%).

Five of the 35 CQC comments cards we received were negative about the service experienced. They said, for example, that it was difficult to make an appointment with a GP when they needed to.

The practice had recently completed a review of their appointments system with the support of CCG. They had changed the type of GP appointments that were available on Mondays. The practice told us that this change had improved the demand for appointments with GPs for the rest of the week but this change had not yet been formally assessed.

Are services responsive to people's needs?

(for example, to feedback?)

We also spoke with six patients during or shortly after the inspection. Some of these patients told us that it was difficult to make a routine appointment but that urgent appointments were available.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- The practice manager was the designated responsible person who handled all complaints in the practice, GPs provided clinical oversight when required. Complaints were discussed at the practices' weekly clinical meetings.
- We saw that information was available to help patients understand the complaints system. Information was on display in the reception area and in the practice leaflet.

We looked at three of the complaints received in the last 12 months and found that these were dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, clinicians were reminded of the need to ensure all consultations were thoroughly recorded.

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 an action plan that was regularly monitored; it included, for example, succession planning for the loss or retirement of key clinical staff.
- The GPs were actively involved in the CCG, for example, one of the GP partners was lead for palliative care. One of the practice nurses acted as the CCG nurse lead for long-term conditions.
- The practice is active members of the local GP consortium.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of their strategy and good quality care. This outlined the structures and procedures staff had put in place to achieve this.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and these were easily accessible to staff.
- We saw evidence that the practice's Quality and Outcomes Framework (QOF) achievement and prescribing practice was regularly monitored. Each of the partners at the practice had lead roles for areas within QOF and for services at the practice; they monitored their performance for these areas on a regular basis.
- There was an embedded programme of continuous clinical and internal audit which was used to monitor quality and make improvements, that was clearly linked to patient outcomes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

- Staff told us the practice held regular team meetings. They told us how issues raised at the team meetings were also discussed at other relevant meetings and they received feedback on any discussion and actions taken. Staff felt empowered and supported by the practice. Positive and supportive working relationships were evident during the inspection.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported by the partners at the practice and the practice manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice had participated in a better health at work programme and achieved a bronze award in recognition of their achievements. One of the clinical support assistants had managed this initiative. Work included support to stop smoking.

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

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

The practice had gathered feedback from patients through:

- The active PPG which met regularly and provided feedback to the practice. For example, the PPG had suggested improvements to waiting area which had been implemented. The PPG told us that the practice manager communicated with them regularly and took their views into account. For example, the practice had increased the number of telephone lines available to call the practice following feedback from the PPG on the difficulties faced when telephoning the practice to make an appointment.
- 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.

Are services well-led?

Good 

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was planning effectively for changes at the practice.

For example,

- The practice held a weekly referral review meeting. All referrals made by the practice (with the exception of urgent and emergency referrals) were discussed at these meetings. The practice focused on learning and improvement and ensured these sessions were open and supportive. GPs discussed, for example, the appropriateness of the referral.
- The practice participated in local audits and benchmarking to identify and understand their performance, and identify areas where they could improve.