

# Drs Cloak, Choi and Milligan

## Quality Report

Southwick Health Centre  
The Green, Southwick  
Sunderland  
Tyne and Wear  
SR5 2LT

Tel: 0191 516 3940

Website: <http://www.cloakgp.nhs.uk>

Date of inspection visit: 21 June 2016

Date of publication: 25/07/2016

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12
Outstanding practice	12

### Detailed findings from this inspection

Our inspection team	13
Background to Drs Cloak, Choi and Milligan	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Cloak, Choi and Milligan on 21 June 2016. Overall, the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Lessons were learned when incidents and near misses occurred.
- 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.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Extended hours appointments were available from 5:30pm until 7:30pm on a Monday and Wednesday.
- 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 regulation.

We saw two areas of outstanding practice:

- The practice recognised the need for the control and delivery of evidence based medicine. A practice formulary had been developed and implemented, this included appropriate references where required. A system was in place to ensure the formulary was regularly updated. A quick reference guide had also

# Summary of findings

been developed for use during consultations with patients. The work required to complete this formulary, and to ensure it is kept up to date is considerable.

- Data from the National GP Patient Survey, published in January 2016, showed that patients rated the practice highly for their experience of care at the practice. For example, of those that responded 100% patients had

trust and confidence in the last GP they saw (CCG average 95%, national average 95%). 95% of those that responded said that the last GP they saw or spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

**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 and 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.
- Good infection control arrangements were in place and the practice was clean and hygienic. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.
- 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.
- The practice recognised the need for control and delivery of evidence based medicine. A practice formulary had been developed and implemented, this included appropriate references where required. A system was in place to ensure the formulary was updated regularly. A quick reference guide had also been developed for use during consultations with patients. The work required to complete this formulary, and to ensure it is kept up to date is considerable.
- Data showed some patient outcomes were below average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 87.9% of the points available in 2014/2015. This was below the local average of 95.7% and the national average 94.8%. For eight of the 19 clinical domains within QOF,

# Summary of findings

the practice had achieved 100% of the points available. The practice was able to show us that for 2015/2016 (which had not yet been verified or published), they had achieved 90.4% of the total number of QOF points available.

- Quality improvement work was taking place, including clinical audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of people's needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care. For example, results from the National GP Patient Survey showed that 100% of respondents had confidence and trust in their GP (CCG average 95%, national average 95%). 95% of those that responded said that the last GP they saw or spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw a strong patient-centred culture.
- Information for patients about the services offered by the practice was available. For example, they provided this information on the practice's website, patient leaflet and in the waiting areas.
- The practice had close links to local and national support organisations and referred patients when appropriate.
- The practice had recently appointed one of the GP partners as a carers' champion and the CCG carers lead. Information on the local support services for young carers was available in the waiting area.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Good



# Summary of findings

- The most recent results of the National GP Patient Survey, published in January 2016, showed that 99.2% of respondents say the last appointment they got was convenient (CCG average 93.8% national compared to 91.8%).
- The practice had good facilities and was well equipped to treat patients and meet their needs. Specialist clinics and support services were available for patients.
- Information about how to complain was available, for example on the practice website and in the waiting area.

## Are services well-led?

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

- The practice had a clear vision with quality and safety as their top priority. 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 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 partners encouraged a culture of openness and honesty. The practice 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, which 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 reception and administrative team had been involved in the development of the practice's 'plan on a page' for 2016/17.
- There was an active patient participation group (PPG) and the practice had acted on feedback from the group.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in their population. Patients aged 75 and over were allocated a named GP to help ensure their needs were met. Patients over the age of 75 were offered an annual health check. The practice worked to reduce the unplanned hospital admissions for patients over the age of 75.
- The practice had implemented the Priorities for Care of the Dying Person document that aimed to improve patients' experience of the last few days of life.
- 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 generally below average. For example; the practice had achieved 83.5% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was 15.4% below the local clinical commissioning group (CCG) average and 14.6% below the national average. The practice had achieved 97.5% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with hypertension. This was 2% below the local clinical commissioning group (CCG) average and 0.3% below the national average.
- The practice maintained a palliative care register and offered immunisations for pneumonia to older people.

### People with long term conditions

Good



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

- GP and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice has weekly meetings to discuss the management of long term conditions.

# Summary of findings

- Patients at risk of hospital admission were identified as a priority for care and support by the practice, comprehensive care plans were in place and regularly reviewed.
- Nationally reported data showed that outcomes for patients with conditions commonly found in this population group were generally below average. For example, the practice had achieved 84.2% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was 9.3% below the local CCG average and 5% below the national average.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and were offered 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. The practice had recently introduced regular weekly clinical meetings to discuss the management of long-term conditions. This was attended by the lead GP, the nursing staff and the healthcare assistant.
- The practice provided an insulin initiation service for patients newly diagnosed with type two diabetes.
- The practice held regular clinics for some long term conditions, for example for patients with diabetes.

## Families, children and young people

**Good**



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

- 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



# Summary of findings

rates for the vaccinations given to under two year olds ranged from 95.5% to 99.1% (CCG average 96.2% to 98.9%) and for five year olds ranged from 91.8% to 100% (CCG average 91.6% to 98.9%).

- Urgent appointments for children were available on the same day.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.
- Nationally reported data showed that outcomes for patients with asthma were below average. The practice had achieved 50.1% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 47% below the local CCG average and 47.3% above the national average.
- The practice provided contraceptive and sexual health advice.

## Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could order repeat prescriptions and routine healthcare appointments online.
- Telephone appointments were available.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- The practice's uptake for cervical screening was 78%, compared to the CCG average of 81.7% and the national average of 81.8%.
- Additional services such as new patient health checks, travel vaccinations and minor surgery and joint injections were provided.
- The practice website provided a good range of health promotion advice and information.

## People whose circumstances may make them vulnerable

Good



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.

# Summary of findings

- The practice held a register of patients with a learning disability; patients with learning disabilities had been invited to the practice for an annual health check. Fifty patients were on this register and, 26% had a health check in the last 12 months.
- Nationally reported data showed that outcomes for patients with a learning disability were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with a learning disability. This was the same as the local CCG average and 0.2% above the national average.
- 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.
- Good arrangements were in place to support patients who were carers.

## People experiencing poor mental health (including people with dementia)

**Good**



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

- The practice held a register for patients experiencing poor mental health. There were 81 patients on this registered and, 81% of those eligible for a care plan, had one completed (2015/2016 data, which is yet to be verified or published).
- Nationally reported data showed that outcomes for patients with mental health conditions were below average. The practice had achieved 73% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 18.8% below the local CCG average and 19.8% below the national average. The practice were aware of this and attributed it to their patient population.

# Summary of findings

- Nationally reported data showed that outcomes for patients with dementia were good. The practice had achieved 96.7% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was 1.2% above the local CCG average and 2.2% above the national average. 75.3% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which was below 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.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Staff had undertaken dementia friends training and the signs in the practice were 'dementia friendly', to support accessibility for people with dementia.
- The nurse practitioner visited the patients diagnosed with dementia who lived in care homes each year.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results, published in January 2016, showed the practice was performing in line the local and national averages in many areas. There were 306 forms sent out and 116 were returned. This is a response rate of 37.9% and represented 1.2% of the practice's patient list.

- 62% found it easy to get through to this surgery by phone (CCG average 78%, national average of 73%).
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 92% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).
- 90% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, national average 78%).
- 93% found the receptionists at this surgery helpful (CCG average 90%, national average of 87%).

- 99% said the last appointment they got was very convenient (CCG average 94%, national average 92%).
- 79% described their experience of making an appointment as good (CCG average 76%, national average of 73%).
- 76% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71%, national average 65%).
- 71% felt they don't normally have to wait too long to be seen (CCG average 64%, national average 58%).

We reviewed 11 CQC comment cards which patients had completed. All of these were positive about the standard of care received; they described the practice staff as friendly and professional.

We spoke with seven patients during the inspection. Patients said they were happy with the care they received. They said they thought the staff involved them in their care and explained tests and treatment to them. They thought the practice was clean.

## Outstanding practice

We saw two areas of outstanding practice:

- The practice recognised the need for the control and delivery of evidence based medicine. A practice formulary had been developed and implemented, this included appropriate references where required. A system was in place to ensure the formulary was regularly updated. A quick reference guide had also been developed for use during consultations with patients. The work required to complete this formulary, and to ensure it is kept up to date is considerable.

- Data from the National GP Patient Survey, published in January 2016, showed that patients rated the practice highly for their experience of care at the practice. For example, of those that responded 100% patients had trust and confidence in the last GP they saw (CCG average 95%, national average 95%). 95% of those that responded said that the last GP they saw or spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

# Drs Cloak, Choi and Milligan

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP specialist advisor and a practice manager specialist advisor.

## Background to Drs Cloak, Choi and Milligan

Drs Cloak, Choi and Milligan is registered with the Care Quality Commission to provide primary care services.

The practice provides services to around 9,900 patients from one location:

- Southwick Health Centre, The Green, Southwick, Sunderland, Tyne and Wear, SR5 2LT.

We visited this address as part of the inspection.

Drs Cloak, Choi and Milligan is based in purpose built premises in Sunderland. The premises are shared with two other GP practices and external services. All reception and consultation rooms are fully accessible. There is on-site parking and disabled parking. Disabled WCs are available.

The practice has four GP partners and three salaried GPs (five male, two female, the nurse practitioner is a partner at the practice.) The practice employs a practice manager, an assistant practice manager, two practice nurses, a healthcare assistant and a smoking advisor who also undertakes reception duties. The practice employs 15 staff who undertake reception or administrative duties, including two apprentices. In addition to this, one member

of staff is available for ad hoc administrative work when required. 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.
- Active in clinical research and patients are encouraged to participate in appropriate clinical trials.

Drs Cloak, Choi and Milligan is open at the following times:

- Monday to Friday 8am to 6pm.

The telephones are answered by the practice from 8am to until 6pm. 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 Drs Cloak, Choi and Milligan at the following times:

- Monday to Friday 8am to 5:30pm.
- Extended hours appointments are available from 5:30pm until 7:30pm on a Monday and Wednesday.

The practice is part of NHS Sunderland clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in the second most deprived decile. The income deprivation score for the practice was 39.9 compared to the CCG average of 29.7 and the national average of 21.8. In general, people living in more deprived areas tend to have greater need for health services

Average male life expectancy at the practice is 76 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.

# Detailed findings

The proportion of patients with a long-standing health condition is above average (66.6% compared to the national average of 54%). The proportion of patients who are in paid work or full-time employment or education is in line with the average (58.5% compared to the national average of 61.5%). The proportion of patients who are unemployed below average (7.7% compared to the national average of 5.4%).

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 inspected this service as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the 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 21 June 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 assistant practice manager, two nurses and two members of the reception team. We spoke with seven 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. The incident recording form supported the recording of notifiable incidents under the duty of candour regulation. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, following a significant event additional monitoring of patients who had undergone bariatric surgery was introduced.
- The practice carried out a thorough analysis of the significant events that had occurred. We reviewed the forms and log used to record significant events. These recorded the event and, any actions taken by the practice, to reduce the risk of the event reoccurring.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice had an effective system for reviewing and acting on safely alerts received.

### 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. We found that:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements, and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for adult and child safeguarding. The GPs attended 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.

- Notices in the waiting room and clinical 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 that the premises were clean and tidy. One of the GPs was the infection control lead; they were supported by one of the nurses who was the infection control link. The nurse 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 training appropriate to their role. Infection control and hand washing audits 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 medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice used a standard list of medicines in each of the doctors' bags to reduce the risk of errors being made.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.
- 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



## Are services safe?

women who were referred as a result of abnormal results. The quality of samples taken was monitored by the practice and actions were taken to improve quality when required.

### 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. The practice assured us they had a health and safety and a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium, which can contaminate water systems in buildings.) However, due to circumstance outside the practice's control, we were unable to confirm this. We were able to confirm that they carried out regular fire drills. The practice had an up to date fire risk assessment and a health and safety policy.
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.
- 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.

- The practice regularly reviewed the staffing needs of the practice. The practice had recently appointed an additional nurse practitioner.

### 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 that 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks were available in a treatment room. A first aid kit and accident book was 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 disaster handling and business continuity plan. It Included details of actions to be taken in the event of possible disruptions to service, for example, loss of power. The plan had been recently updated in response to a significant event.



# 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 guidelines at regular clinical meetings.
- The practice recognised the need for control and delivery of evidence based medicine. A practice formulary had been developed and implemented. This included appropriate references where required. A system was in place to ensure the formulary was updated regularly. A quick reference guide had also been developed for use during consultations with patients. The work required to complete this formulary, and to ensure it is kept up to date is considerable.

### 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 87.9% of the total number of QOF points available compared to the local clinical commission group (CCG) average of 95.7% and the national average of 94.8%. At 4.3 %, their clinical exception-reporting rate was 6.5% below the local CCG average and 4.9% 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 mental health related indicators was below average (73% compared to the national average of 92.8%).

- Performance for the dementia related indicators was above average (96.7% compared to the national average of 94.5%).
- Performance for the diabetes related indicators was below average (84.2% compared to the national average of 89.5%).
- The practice performed well in some other areas. For example, the practice had achieved 100% of the points available for 8 of the 19 clinical domains, including the cancer, learning disability and rheumatoid arthritis domains.

The practice was able to show us that for 2015/2016 (which had not yet been verified or published) they had achieved 90.4% of the total number of QOF points available.

In April 2016, the practice had introduced weekly clinical meetings to discuss the management of long-term conditions. This meeting was attended by the lead GP for long-term conditions, the nursing staff and the healthcare assistant. The meetings focused on the effective management of long-term conditions and the practices' planned changes to how patients with more than one long-term condition were managed.

There was evidence of quality improvement including clinical audit.

- The practice had completed six two-cycle clinical audits in the last year. One was on the use of antibiotics at the practice. The initial audit showed that the practice was a very high antibiotic prescriber compared to other practices in the area. The practice undertook a 'year of change' which included patient education campaigns. The re-audit in April 2016 showed that a reduction of 16% had been achieved. The work to reduce the use of antibiotics prescribed included monitoring the amount of prescriptions issued by individual doctors, and regular discussion at practice meeting to support change of practice. One of GP partners had led the work; the practice pharmacist had supported this work.
- The practice had also completed three single cycle audits in last year. The practice planned to re-audit each of these in order to demonstrate improvements in patient care.
- The practice provided a minor surgery service and monitored the quality of this.

# Are services effective?

## (for example, treatment is effective)

- The practice participated in the local clinical commissioning group (CCG) medicines optimisation work. Their performance in relation to this was monitored by the practice pharmacist.

### 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 locum GPs. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, 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, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and external training.
- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. We saw that staff training needs were monitored. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. For example, one of the partners provided clinical supervision for the management of long-term conditions by nursing staff. Nurses also attended a local nurses' forum. All staff, where appropriate, had received an appraisal within the last 12 months.

- They had implemented a local CCG medicines optimisation scheme, to enable long standing administrative staff to carry out a support role for clinical staff PMedOC, (Practice Medicines Optimisation Champion). The scheme's aims included improving patient safety and reduce waste. Staff had completed training to support this scheme.

### 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 each week. Vulnerable patients were discussed at these meetings. We saw that, discussions focused on providing effective support and a reduction of the number of hospital admission for these patients.
- The practice held bi-monthly palliative care meetings; they had recently implemented the 'Priorities for Care of the Dying Person' document; which aims to improve patients' experience of the last few days of life. Staff at the practice had received training to support this work. We spoke to staff at some of the care homes who worked with the practice. They told us that the practice had been supportive of the process to introduce the new care plans and the documentation that was part of this process. They also said that doctors at the practice were supportive and caring.

### 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.

# Are services effective?

(for example, treatment is effective)

- 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

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

- This included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to a relevant service when appropriate.
- Information such as NHS patient information leaflets was also available.

The practice's uptake for the cervical screening programme was 78%, which was below the local average of 81.7% and national average of 81.8%. There was a policy to offer 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 95.5% to 99.1% (CCG average 96.2% to 98.9%). For five year olds rates ranged from 91.8% to 99.1% (CCG average 31.6% to 98.9%). The practice worked to encourage uptake of screening and immunisation programmes with the patients at the practice.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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.
- During the inspection we saw that staff treated patients with kindness and respect and that staff were responsive to patient's needs.

We reviewed 11 Care Quality Commission comment cards completed by patients. All of these were very positive about the care and service experienced. Several said the care provided was excellent. We spoke with seven patients during the inspection. Patients said they were happy with the care they received. They said they thought the staff involved them in their care and explained tests and treatment to them.

Results from the National GP Patient Survey, published in January 2016, showed patients were very satisfied with how they were treated and that this was with compassion, dignity and respect.

- 100% said they had confidence and trust in the last GP they saw or spoke to (CCG average 95%, national average 95%).
- 95% said the GP they saw or spoke to was good at listening to them (clinical commissioning group (CCG) average 90%, national average 89%).
- 94% said the GP they saw or spoke to gave them enough time (CCG average 88%, national average 87%).
- 95% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 98% had confidence or trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).
- 97% said the last nurse they saw or spoke to was good at listening to them (CCG average 94%, national average 91%).

- 95% said the last nurse they saw or spoke to was good involving them in decisions about their care (CCG average 89%, national average 85%).

The practice gathered patients' views on the service through the national friends and family test (FFT). (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). Data from the most recent Friends and Family Survey carried out by the practice, from January 2016 to March 2016, showed that 92% of patients said they would be extremely likely, or likely, to recommend the service to family and friends. Only 4% of patients said they would be extremely unlikely, or unlikely, to recommend the service to family and friends.

### 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 said 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 January 2016, showed patients responded positively to questions about their involvement in planning, and making decisions about their care and treatment.

For example:

- 95% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 90% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 97% said the last nurse they saw was good at explaining tests and treatments (CCG average 93%, national average 90%).
- 95% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).

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

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

## Are services caring?

- A hearing loop was available on reception for patients who were hard of hearing.

### **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. The practice website also provided a range of health advice and information.

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. The practice had strong links to support organisations and referred patients when appropriate. The practice had identified 179 of their patients as being a carer (1.8% of the

practice patient population). 64% of carers on this register had an influenza immunisation and 8% had had a carers health check (2015/2016 data, which is yet to be verified or published).

A recently employed partner had been appointed as a carers' champion. This partner was also the local CCG carer's lead and the practice was looking forward to using their experience to improve the support offered to carers. For example, work was being undertaken to identify more carers, and the practice was focusing on identifying younger carers, to ensure this under identified group received appropriate support.

If families had suffered bereavement, the practice would offer support in line with the patient's wishes.

# 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 the local clinical commissioning group (CCG), to secure improvements to services where these were identified. The practice was actively involved in the local CCG and GP alliance. For example, one of the partners was involved in the local GP Alliance.

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

- The practice held regular clinics. For example, for patients diagnosed with diabetes and those with coronary heart disease. They also held clinics for childhood immunisations and minor surgery.
- 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.
- Extended hours appointments were available from 5:30pm until 7:30pm on a Monday and Wednesday.
- Smoking cessation support was provided.
- Counselling services were available.
- There was a practice based anti-coagulation clinic.
- There were disabled facilities and translation services available.
- Patients could order repeat prescriptions and book GP appointments on-line.
- Patients were able to access external support services at the practice. For example, mental health support and agencies that supported older people.

### Access to the service

Drs Cloak, Choi and Milligan was open at the following times:

- Monday to Friday 8am to 6pm.

Appointments were available at Drs Cloak, Choi and Milligan at the following times:

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

- Extended hours appointments were available from 5:30pm until 7:30pm on a Monday and Wednesday.

Results from the National GP Patient Survey, published in January 2016, showed that patients' satisfaction with how they could access care and treatment was generally above local and national averages.

- 87% of patients were satisfied with the practice's opening hours (CCG average 79%, national average of 75%).
- 62% patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 88% patients said they able to get an appointment or speak to someone last time they tried (CCG average 83%, national average 85%).
- 71% feel they normally don't have to wait too long to be seen (CCG average 64%, national average 58%).

We spoke with seven patients during, or shortly after, the inspection. Patients told us that routine and urgent appointments were available. On the day of the inspection, there was a routine nurse appointment available on the same day. The next available routine appointment with the nurse practitioner was 22 June; this was a wait of one day. Routine appointments with a GP could be booked one week in advance, no routine GP appointments were available in the week following the inspection, appointments were available each day for patients who rang the practice on the day.

### 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.
- 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 and on the practices' website.

Due to circumstance beyond the practice's control, we were unable to review how staff responded to complaints. We discussed complaints with the practice and were assured

## Are services responsive to people's needs? (for example, to feedback?)

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.



# 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.

- They had recently held a strategy day and had created a mission statement followed by a 'plan on a page' that outlined their vision, statement of purpose and objectives. It also outlined the key areas for change at the practice and how they would achieve their vision.
- The practice had a vision to be 'an efficient and effective health care provider for all our community.'
- The practice values included providing 'good quality care for all our patients' and to 'educate and assist patients to live a healthy life style'.

### 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. GPs, nurses and the practice management team held lead roles in key areas, for example safeguarding, long term conditions, and clinical and corporate governance. The practice held regular team meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

### Leadership and culture

On the day of the inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

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

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

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

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

- During the inspection we saw that the practice was very supportive of staff. The practice had a stable and committed workforce, many of the staff had been employed for many years. We saw that the team cared for, and supported each other, as they carried out the day-to-day business of the practice
- The practice held regular meetings. Staff held lead roles which helped them to monitor the practice's performance.
- Practice specific policies were implemented and these were easily accessible to staff. Policies were regularly reviewed and updated.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues, and felt confident in doing so, and were supported if they did.
- Staff said they felt respected, valued and supported by the partners, the practice manager, and their own teams.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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

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

The practice had gathered feedback from patients through:

- Their patient participation group (PPG), surveys and the complaints they had received. The group met regularly.



# Are services well-led?

Good 

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

The PPG was consulted on possible changes at the practice and asked to provide suggestions about future improvements. Information on the PPG was displayed in the waiting area.

- The practice had recently reviewed the results of the National GP Patient Survey, published in January 2016, and their own patient survey, completed in March 2016. The work required was planned and outcomes had been agreed.
- The practice had also gathered feedback from staff through meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## 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 was shortly to implement a new system for communicating information to patients via text messages. The practice had started implementing this by ensuring as many patients as possible had consented for this service. At the time of the inspection, approximately 1000 patients had consented. When implemented staff in the practice will be able to use this system to remind patients of appointments and provide health promotion advice. Patients will also be able to reply to the practice via text message.
- The practice has recently become an approved training practice; where qualified doctors gain experience in general practice. From August 2016, foundation year 2 doctors will be based at the practice for training.
- The practice provided an insulin initiation service for patients newly diagnosed with type two diabetes. From August 2016, we were told the practice would become a 'hub', and provide an insulin initiation service, as well as a support service for patients referred from other practices.