Beacon View Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection January 2015 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Beacon View Medical centre on 11 December 2017 as part of our inspection programme.

At this inspection we found:

- The practice had some systems in place to manage risk so that safety incidents were less likely to happen. However, they did not have a supply of Oxygen on the premises.
- They had not risk assessed the decision not to carry out a Disclosure and Barring Service (DBS) check on non-clinical staff.
- There was no routine clinical oversight or review of secondary care patient related communications.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. They had a comprehensive schedule of clinical audit and quality improvement activity that could demonstrate improvements to patient care and outcomes. They ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

Summary of findings

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw areas of outstanding practice:

- The practice had secured funding to enable them to continue the FLORENCE project. This project enables patients with Chronic Obstructive Pulmonary Disease to be monitored remotely and had resulted in a 70% reduction rate in admissions to hospital for this group of patients.
- The practice drove a systematic programme of clinical audit and quality improvement activity that lead to improvements in patient care and outcomes

There were areas where the provider must make improvements:

- The provide should ensure that care and treatment is being provided in a safe way by doing all that is reasonably practicable to mitigate risks to the health and safety of service users.

The provider should also:

- Review and risk assess the decision not to carry out DBS checks on non-clinical staff
- Continue to monitor and improve telephone access and patient experience of making an appointment

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?	**Requires improvement** 
Are services effective?	**Good** 
Are services caring?	**Good** 
Are services responsive to people's needs?	**Good** 
Are services well-led?	**Good** 

Summary of findings

The six population groups and what we found

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

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

Beacon View Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector. Also in attendance was a GP specialist adviser.

Background to Beacon View Medical Centre

Beacon View Medical Centre provides care and treatment to approximately 4, 761 patients of all ages who live within five miles (eight kilometres) of the surgery. The practice is part of the NHS Newcastle Gateshead Clinical Commissioning Group (CCG) and operates on a General Medical Services (GMS) contract.

The practice provides services from the following address, which we visited during this inspection:

Beacon View Medical Centre

Beacon Lough Road

Gateshead

NE9 6YS

The surgery is located in an ex-residential nursing home which it shares with a pharmacy. All reception and consultation rooms are fully accessible for patients with mobility issues. An on-site car park is available and off street parking is also available nearby.

The surgery is open from 8.30am to 6pm on a Monday, Tuesday, Thursday and Friday and from 8.30am to 8pm on a Wednesday. Consultations were available as follows:

- Monday – 9am to 11am and 2.30pm to 5.20pm
- Tuesday and Thursday – 9am to 11am and 3.30pm to 5.20pm
- Wednesday – 9am to 11am and 3.30pm to 7.30pm
- Friday – 9am to 11am and 2.10pm to 5.20pm

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and the Gateshead Doctors on Call service known locally as GatDoc.

Beacon View Medical Centre offers a range of services and clinic appointments including long term condition reviews, contraceptive services, childhood health surveillance and immunisation services and maternity services. The surgery also hosts regular sessions delivered by mental health, physiotherapy and chiropody practitioners.

The practice consists of:

- Two GP partners (one male and one female)
- Two practice nurses (both female)
- Two healthcare assistant (female)
- Six non-clinical members of staff including a practice manager, assistant practice manager/secretary and administration assistants.

The practice is a teaching and training practice and involved in the training of qualified doctors wishing to pursue a career in general practice as well as the teaching of undergraduate medical students learning about GP practice.

The average life expectancy for the male practice population is 77 (CCG average 77 and national average 79) and for the female population 81 (CCG average 81 and national average 83).

At 44.9%, the percentage of the practice population reported as having a long standing health condition was

Detailed findings

lower than the CCG average of 55.2% and national average of 53.2%. Generally a higher percentage of patients with a long standing health condition can lead to an increased demand for GP services.

At 59.1% the percentage of the practice population recorded as being in paid work or full time education was comparable with the CCG average of 59.8% and national average of 62.5%. The practice area is in the third most deprived decile. Deprivation levels affecting children were lower than the local average but higher than the national average. Deprivation levels affecting adults were higher than both the CCG and national averages.

Requires improvement

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all clinical staff. (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). However, DBS checks were not undertaken for non-clinical staff and there was no risk assessment to detail why this was not felt to be necessary.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The practice insisted that new patient health checks included children registering at the practice with their parents or carers. They felt this added an additional measure to safeguard children and to identify issues such as abuse or trafficking.
- The practice nurses acted as chaperones when required and had received training for the role and a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The practice had a defibrillator but did not have a supply of oxygen.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. However, non-clinical staff had not received training to help them recognise and therefore prioritise patients with possible signs of sepsis although this was being arranged.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- There was no routine clinical oversight or monitoring of incoming secondary care patient related communications to ensure all relevant action and medicine changes had been actioned. A significant event in relation to such an issue in November 2016 had not resulted in a change in process.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Requires improvement

Are services safe?

- The systems for managing medicines, including vaccines and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, a request from a hospital specialist for an increase in medication for a patient being missed had led to GPs being reminded of the need to double check relevant correspondence and prescriptions before they are issued.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services and for all population groups with the exception of people with long term condition population group which has been rated as outstanding.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group prescribing data was comparable to local and national averages.
- The number of antibacterial prescription items prescribed per Specific Therapeutic prescribing data was comparable to local and national averages. .
- At 2.5% the percentage of antibiotic items prescribed that are Cephalosporins or Quinolones was better than the CCG average of 5% and national average of 4.7%.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice was a Royal College of General Practitioners Research Quality Plus practice. This meant that patients registered with the practice were able to participate in, and potentially benefit from clinical trials and research should they wish to do so.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice had secured CCG Innovation Funding to increase the working hours of one of their healthcare assistants. This enabled a visit to be made to the most vulnerable elderly patients on a regular basis to ensure their social, physical and psychological wellbeing needs were being met.
- Patients aged over 75 were invited for a health check. Housebound patients were offered an annual review at home which was carried out by a practice nurse. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had carried out 197 over 75 health checks.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice was proactive in promoting and administering flu vaccines. The practice nurse hosted an annual flu clinic in a community centre in a nearby village where a number of elderly patients resided that had poor public transport links. Housebound patients were offered a home visit to administer their flu vaccination.

People with long-term conditions:

- Patients with long-term conditions had a structured six monthly annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had participated in the FLORENCE project. The project enabled certain patients with chronic obstructive pulmonary disease (COPD) to be monitored remotely and self-administer medication from tailored rescue packs when necessary. The project has shown an overall reduction of 70% in the hospital admissions rate of patients involved in the project. When the project had ended the practice had secured funding from another source to ensure the system remained operational. Quality Outcomes Framework results showed that 99.5% of patients with COPD had received a review and assessment of breathlessness compared with the local CCG average of 92% and national average of 90.4%. (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions, including COPD and implementing preventative measures. The results are published annually). In addition, the practice had participated in a

Good

Are services effective?

(for example, treatment is effective)

CCG practice engagement scheme during 2016/17 which looked at COPD and Asthma. They had achieved over the required target for all four COPD and Asthma related indicators.

- The practice had obtained the maximum point available to them for the monitoring and care of patients with the 19 long term conditions included in the Quality and Outcomes Framework whilst maintaining a lower than local and national average exception rate. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)
- The practice promoted the benefits of having a flu vaccination for patients with long term conditions and hosted a late night flu clinic for working patients.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme and they had obtained an overall score of 9.6/10 compared with the national average of 9.1/10. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.

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

- The practice's uptake for cervical screening was 82.1%, which was higher than the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice had carried out 123 NHS Health Checks in the previous year.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients with a learning disability were offered an annual health check and flu vaccination.
- The practice was proactive in their identification and support of carers and in ensuring they received an annual health check and flu immunisation. They had identified 190 of their patients as being a carer (approximately 4% of their patient list).

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is higher than the CCG average of 85.4% ad national average of 83.7%.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is higher than the CCG average of 88.9% and national average of 90.3%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 100%; CCG 91.3%; national 90.7%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 96.5%; CCG 96.1%; national 95.3%).
- The practice hosted a counsellor from a local mental health charity on a weekly basis and a counsellor from the local drug and alcohol service twice weekly.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice participated in the local Clinical Commissioning Group (CCG) practice engagement programme. For 2016/17 this had concentrated on the care of patients with chronic obstructive pulmonary disease and asthma and on bowel cancer screening. The practice had exceeded the targets set for all five indicators.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97.7% and national average of 95.5%. The

Good

Are services effective?

(for example, treatment is effective)

overall exception reporting rate was 6.3% compared with the CCG average of 10.1% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) The practice had obtained 100% and was above the CCG and national averages for all of the 19 QOF indicators.

- The practice used information about care and treatment to make improvements.
- The practice drove a systematic programme of clinical audit and quality improvement activity that lead to improvements in patient care and outcomes. They provided details of 12 clinical audits undertaken since May 2015 and were able to explain why those topics for audit had been selected. The majority of the audits were completed two cycle audits. For example, a two cycle audit to ensure patients prescribed new oral anticoagulants (NOAC's) as an alternative to Warfarin resulted in an increase of 27% in the number of relevant patients receiving appropriate testing and monitoring. In addition, the in-house pharmacist employed by the practice for 15 hours per week had also carried out a number of prescribing audits. These 25 audits had helped to identify a number of issues including medication changes and patients requiring review.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The practice held regular multidisciplinary case review meetings where all patients on the palliative care register were discussed.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- At 56.3% the percentage of new cancer cases referred using the urgent two week wait referral pathway was higher than the CCG average of 52% and national average of 50.4%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

Good

Are services effective?

(for example, treatment is effective)

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received one patient Care Quality Commission comment card which was very positive about the service experienced.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 258 surveys were sent out and 109 (42%) were returned. This represented approximately 2.3% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 93% of patients who responded said the GP gave them enough time; CCG - 91%; national average - 89%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 95% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 89%; national average - 86%.
- 95% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 95% of patients who responded said the nurse gave them enough time; CCG - 95%; national average - 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 85% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice had invited a family who had originated from another country and had recently registered with the practice in so they could not only help them to understand NHS healthcare but also so practitioners could gain an understanding of their particular needs and requirements.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 190 patients as carers (approximately 4% of the practice list). Carers were offered an annual health check, flu vaccination and signposting to appropriate support services.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 94% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.

Good

Are services caring?

- 91% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 86%; national average - 82%.
- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- They offered extended opening hours, online services such as repeat prescription requests, and advanced booking of appointments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example they had a hearing loop and easy to read leaflets were available.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Information from NHS England showed that patients registered with the practice were reported to have a higher than national average attendance rate at A&E and the practice had reached a level 1 trigger point with NHS England in terms of A&E attendance rates. The practice was aware of this and attributed the high figure to their close proximity to a local hospital A&E department. They felt that patients often chose to attend A&E rather than attempt to get an urgent appointment at the practice. In response the practice were trying to educate their patients on the appropriate use of A&E and parents to refer to advice provided in their 'little orange book'. The Little Orange Book provides information and advice to parents and carers on how to recognise the signs and symptoms of acute illness in young children and how to respond appropriately. In addition, it provides information for parents and carers on the most appropriate service if further advice, support or treatment is required.
- The practice was contracted to provide services for patients with challenging behaviour. All of these patients (approximately 12 to 15) had been offered a new patient health check and appropriate advice and support. The practice had considered the safety of their staff and other patients when offering this service and had developed a protocol to govern this. For example, this group of patients were only able to request an appointment with one of the partners and were only seen the end of morning surgery when no other patients were in attendance.
- The practice supported Public Health England (PHE) in identifying local flu resistance needs. They did this by providing PHE with throat and nasal swabs of patients presenting with the condition to test prevalence in the local area and improve antimicrobial stewardship.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice nurse offered housebound patients a home visit to administer their flu vaccination and also ran a flu vaccination clinic in a nearby village with limited local public transport availability.
- The practice had entered into an agreement with a local hospital to monitor and care for patients with prostate cancer. They also offered in house vascular disease monitoring.
- A consultant specialising in diverticular disease attended the practice on a bi-monthly basis to provide advice and support to patients with the condition.

People with long-term conditions:

- Patients with a long-term condition received six monthly reviews to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice had achieved the maximum points available to them for the treatment of the 19 long term conditions considered by the Quality Outcomes Framework (QOF)
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All new patient health checks included children registering with their family. The practice felt this strengthened their safeguarding arrangements such as the identification and prevention of trafficking.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on a Wednesday evening and hosting a flu clinic for patients with long term conditions during their extended opening hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice was proactive in identifying older socially isolated patients who were able to benefit from home visits from a healthcare assistant and referral to relevant support and befriending services.
- They had held a coffee morning, which had attracted 18 to 20 patients felt to be at risk of social isolation.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice and obtained 100% of the points available to them for caring for, treating and monitoring patients with mental health conditions under the Quality Outcomes Framework scheme.
- The practice was registered as a level 1 practice with the Royal College of General Practitioners to treat and care for patients dependent on drugs and alcohol. Practitioners from a local drug and alcohol service attended the practice two days per week.
- The practice also hosted counsellors from a local mental health charity on a regular basis.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practice had recently reviewed their appointment system to reflect patient feedback and had changed from offering all same day appointments to offering pre bookable appointments in addition to same day appointments.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed. 258 surveys were sent out and 109 (42%) were returned. This represented about 2.3% of the practice population.

- 80% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 59% of patients who responded said they could get through easily to the practice by phone; CCG – 77%; national average - 71%.
- 83% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%.
- 80% of patients who responded said their last appointment was convenient; CCG - 81%; national average - 81%.
- 62% of patients who responded described their experience of making an appointment as good; CCG - 74%; national average - 73%.
- 81% of patients who responded said they don't normally have to wait too long to be seen; CCG - 67%; national average - 64%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice were aware of the results and had taken action to improve in the areas were they fell below local and national averages. The had ensured additional members of staff were available to answer telephone calls during peak periods and had implemented a separate answerphone line to enable patients to request repeat prescriptions. They were continuing to monitor the situation with regard to access.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Eight complaints were received during the period October 2016 to November 2017. We reviewed these complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a complaint from a relative of an elderly patient had led to the practice changing their appointment system to block some urgent appointments on a daily basis for use by patients aged over the age of 80 as well as children.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

- There were some effective processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, the

Are services well-led?

Good

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

premises did not have a supply of oxygen and there was little clinical oversight or monitoring of secondary care discharge information. In addition the provider had not carried a risk assessment detailing why non-clinical staff had not undertaken Disclosure and Barring service (DBS) checks.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents and a business continuity plan was in operation.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Practice clinicians met informally on a daily basis to discuss any arising issue.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- There was evidence of the practice making changes to reflect staff and patient views and feedback. For example, they had changed their appointment system to offer pre bookable as well as same day appointments, had more staff answering the appointment request telephone line during peak periods and had installed an answerphone for patients to leave requests for repeat prescriptions.
- The practice had experienced some problems in maintaining an active patient participation group. As they had not felt their actual patient participation group was an effective representation of their patient population they had decided to try a virtual patient participation group. However, this had not been as successful as they had hoped so they were committed to trying a mixture of both actual and virtual representation.
- The service was transparent, collaborative and open with stakeholders about performance and participated in the local Clinical Commissioning Group (CCG) practice engagement programme.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. As a teaching and training practice there was a huge emphasis on quality improvement and clinical audit activity which could demonstrate improvements to patient care and outcomes. In addition, there was evidence of the practice responding to the particular needs of their patient population. For example, through their continuation of the FLORENCE project and use of a healthcare assistant to support older vulnerable patients in the community.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** • The provider was not doing all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. They did not have a supply of oxygen on the premises in line with British Resuscitation Council best practice guidance and had not ensured there was clinical oversight, review or monitoring of incoming secondary care patient related communications. This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014