

# Newland Health Centre

## Quality Report

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Date of inspection visit: 30 May 2017

Date of publication: 29/06/2017

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

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Newland Health Centre on 30 May 2017. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
  - Data showed patient outcomes were low compared to the national average. The practice had a high proportion of patients who were aged 18-24 in their practice population and a much smaller proportion of patients with long term conditions compared to local and national averages. Patients who had a long term condition, for example asthma, tended to miss appointments for reviews as they were only resident during term time, which led to data appearing low.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Most patients we spoke with 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.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

# Summary of findings

The areas where the provider should make improvement are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Carry out clinical audits and re-audits to improve patient outcomes.

- Improve the identification, analysis, action plans and staff learning from significant events.
- Implement a system to monitor and act upon uncollected prescriptions.
- Implement regular fire alarm testing.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

- From the sample of documented examples we reviewed, we found there was a system for reporting and recording significant events; however there was no formal meeting to discuss the events as a whole team to make sure action was taken to improve safety in the practice. We found that not all significant events were documented.
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices to minimise risks to patient safety. However we found some gaps in the recruitment process with regard to obtaining references. As a result of our inspection the practice responded to this issue immediately and obtained references the same day.
- There was no system in place to check that prescriptions had been collected, we found some prescriptions had been waiting for collection for three months, including some for medicines to treat mental health problems.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or below average compared to the national average, however the practice had a high proportion of students as patients (who were not resident at the practice throughout the year) which directly affected these results.
- Staff were aware of current evidence based guidance, however we found that one member of staff was unaware of some guidance around obtaining consent. The member of staff had received training but immediately did an update and provided evidence of this as a result of our inspection.

Good



# Summary of findings

- Staff had the skills and knowledge 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 patients' needs.
- There was limited evidence that audit was driving improvement in patient outcomes. The practice had identified this gap and added implementation of clinical audit to their action plan.
- End of life care was coordinated with other services involved.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example;  
The practice had recently implemented an online service known as e-consult (an online consultation service).  
The practice had collaborated with local services and had a drop-in drug and alcohol service weekly and a mental health service which operated from the practice twice weekly. Sexual health clinics were also provided from local services at the practice.
- Most patients we spoke with 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



# Summary of findings

- Information about how to complain was available and evidence from six examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems which alerted them to notifiable safety incidents. They shared the information with staff ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice had a much smaller proportion of older patients in its practice population compared to local and national averages.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Good



### People with long term conditions

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

- The practice had a much smaller proportion of patients with long term conditions in its practice population compared to local and national averages. Patients who had a long term condition, for example asthma, tended to miss appointments for reviews as they were only resident during term time, which led to exception reporting figures appearing high.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 95% which was above the local figure of 79% and the national figure of 78%; however the exception reporting figures were 15.2% above national figures. The clinical prevalence of patients at the practice with diabetes was much lower than local and national averages.

Good



# Summary of findings

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 83% which was slightly above the local figure of 80% and the national figure of 80%, however exception reporting figures were 17.4% above the national figure.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- From the sample of documented examples we reviewed 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



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

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

Good



# Summary of findings

- The practice had a much higher proportion of patients who were students due to its situation opposite the University. This included a high proportion of overseas students and led to peaks of registration and practice patient list size at term times.
- The needs of these populations 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, social prescribing (signposting to citizens advice bureau and charities to help with debt issues and benefits) and a drug and alcohol support service.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice hosted a sexual health service and tuberculosis screening.

## People whose circumstances may make them vulnerable

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

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

Good



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

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

Good



# Summary of findings

- The practice carried out advance care planning for patients living with dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs, however on the day we found some prescriptions had not been collected.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 73% which was below the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- They hosted an in-house mental health service twice weekly.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results were mixed compared with local and national averages. 355 survey forms were distributed and 65 were returned. This represented less than 1% of the practice's patient list.

- 77% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards, eight of which were positive about the standard of care received, comments included that staff were helpful, friendly, and professional and that they went the extra mile. Mixed comments from the other three included issues around appointment waiting times.

We received CQC questionnaires from 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice's most recent friends and families test had seven responses and was that 86% of patients would recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Carry out clinical audits and re-audits to improve patient outcomes.
- Improve the identification, analysis, action plans and staff learning from significant events.
- Implement a system to monitor and act upon uncollected prescriptions.
- Implement regular fire alarm testing.

# Newland Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, and a second GP specialist adviser undertaking an observational role.

## Background to Newland Health Centre

Newland Health Centre Raines House, 187 Cottingham Road, HU5 2EG is a GP practice in Hull. It has a GMS contract and provides general medical services to a practice population list size of 6700. The practice is opposite the University of Hull and approximately 70% of the practice population are in the 18-24 year old age group many of which are students including those from overseas. This unusual demographic means that for some times in the year the students will not be resident in Hull. This impacts on the practice's figures for the Quality and Outcomes Framework (QOF) for exception reporting and achievement of targets. (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).

The practice has a small car park and transport links are good. Disabled parking is available. A disabled patient's toilet is provided and there is wheelchair access. There is also an induction loop for patients with hearing impairment.

The practice was originally the Hull University Medical Centre when it opened in 1961 and has strong links with the university. It now has two partners, one male (Whole

Time Equivalent (WTE) 1.0) and one female (WTE 0.5) and is a training practice for foundation year 2 doctors. The practice also has two long term locum GPs, one male and one female (WTE 0.3 and 0.2), a Practice Manager (WTE 1.0), three practice nurses, all female (WTE 0.5, 0.3 and 0.3), one health care assistant, female (WTE 0.4) and a range of reception, administrative and secretarial staff.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered from 6.30 pm to 8.10pm on Wednesdays and Thursdays.

When the practice is closed patients are advised to contact the Out of Hours service (111) provided by City Health Care Partnership CIC in Hull.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the 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 such as the local Clinical Commissioning Group to share what they knew. We carried out an announced visit on 30 May 2017. During our visit we:

# Detailed findings

- Spoke with a range of staff including GPs, practice nurses, management, reception, secretarial and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards and questionnaires where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- From the sample of six documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports and patient safety alerts. We were told that significant events were discussed but there were no formal meetings where they were discussed with staff. The practice carried out analysis of the significant events, but we found that this was not robust, for example no action plans, no dates for reviews and no documented reflection on the events. We also found that there was no lead member of staff in the practice for significant events and some significant events were not documented.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a hospital telephoned the practice regarding a pathology result that required action it was not passed on to the clinical team the same day. Staff were given further training regarding the management of telephone pathology results.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were

accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and practice nurses to safeguarding level two.
- A notice in the waiting room advised patients that chaperones were available 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 observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC 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 minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). However we did see some gaps in the processes;

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a process to ensure

## Are services safe?

this occurred. On the day of the inspection we found several prescriptions had not been collected, some for three months, including for medicines to treat mental health problems.

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We were told that the practice had produced a policy for the storage of blank prescription forms and pads and this was to commence following the inspection. This would ensure that they were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files, however in two cases we found that appropriate recruitment checks had not been undertaken prior to employment. For example, proof of identification and evidence of satisfactory conduct in previous employments in the form of references. Other checks such as on qualifications, registration with the appropriate professional body and the appropriate checks through the DBS had been carried out. On the day of the inspection the practice responded to this by obtaining references and photographic identification for these staff members.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. However we found that fire alarms had not been tested since November 2016.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in an area of the practice and all staff knew of their location, however the door to the room was unlocked and accessible to patients. All the medicines we checked were in date and stored securely with the exception of some glucometer strips used to test blood sugar. These issues were rectified by the practice on the day of the inspection.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.

### 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 were 84% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95%.

The overall exception reporting rate was 21.7% which was significantly higher than the CCG average of 13.6% or national averages of 9.8%. (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 2015/2016 showed:

- Performance for diabetes related indicators was lower overall than the CCG and national averages. The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 53% compared to the CCG average of 77% and the national average of 78%.
- Performance for mental health related indicators was higher than the CCG and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 94% compared to the CCG average of 88% and the national average of 89%, however exception reporting rates were 13.4% higher than national averages.

QOF results were significantly better in the areas relating to the practices' demographic group (70% of patients within the 18-24 age range) for example in mental health management and significantly worse in some areas of long term condition management. The practice had very few patients with long term conditions.

There was limited evidence of quality improvement including clinical audit:

- There had been clinical audits commenced in the last two years, none of these were completed audits where the improvements made were implemented and monitored. The practice had acknowledged this gap and included a commitment to increase the number of clinical audits in their action plan.
- Findings were used by the practice to improve services. For example, recent action taken as a result included heightened awareness in clinicians that males and females generally preferred different options regarding treatment for depression.

Information about patients' outcomes was used to make improvements; following an incident where a baby received the wrong vaccination the practice introduced a buddy system and a laminated schedule of childhood immunisations was put in each room and on the refrigerator.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. However we did find that one member of staff undertaking cervical cytology was overdue an update with the last documented update in 2014. Staff

# Are services effective?

## (for example, treatment is effective)

who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to, and made use of, e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

Staff worked together and with other health and social care professionals 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, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals when required as there were few patients who needed discussion.

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.

### Consent to care and treatment

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

- Staff mainly understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. However on the day of the inspection we found that one member of staff was unaware of relevant guidance. This was immediately rectified and the staff member did an update that day to improve their knowledge.
- 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 and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation.
- Patients requiring advice with alcohol and drugs and mental health issues had access to weekly clinics that were hosted in the practice. They were able to self-refer to these services.

The practice's uptake for the cervical screening programme was 84%, which was comparable with the CCG average of 81% and the national average of 81%. These figures included an exception reporting rate of 24.6% above national average

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, 90% of under two year olds received vaccines and 90% of five year olds.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There

## Are services effective? (for example, treatment is effective)

were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. 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

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in one consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments; however the majority of rooms did not have curtains or screens.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same sex.

Most of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a caring and professional service and staff were helpful, caring and treated them with dignity and respect.

We received CQC questionnaires from ten patients and feedback from three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs but generally lower than average for its satisfaction scores with nurses. For example:

- 87% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 84% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 79% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

The practice had acknowledged that the patient survey was a small representation of the practice population and had an action plan with the PPG to do a survey in the practice. The practice also hosted other clinicians from local services which may have affected the survey results.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and were recognised as individuals.

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 mixed. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

## Are services caring?

- 83% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw information in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- The practice had just signed up to the electronic prescribing scheme.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 29 patients as carers (0.4% of the practice list). The unusual demographic of a high proportion of students may have contributed to this low figure.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Wednesday and Thursday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice; however this service was rarely required.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Due to the high proportion of young people registered the practice had tailored services to meet their needs. They had collaborated with the local mental health provider to deliver in-house clinics twice a week which provided quicker access for patients who may be stressed or anxious.
- The practice hosted drug and alcohol services and a sexual health service.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.15am to 6.15pm daily. Extended hours appointments were offered on Wednesday and Thursdays from 6.30pm to 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 72% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 96% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 90% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 85%.
- 89% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 67% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.

Most patients told us on the day of the inspection that they were able to get appointments when they needed them, however the practice had also implemented online services to improve patient access such as;

- The introduction of an electronic consulting system whereby patients were able to consult by email with a response within 24 hours from the GP. This also facilitated signposting if another service was more appropriate.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was done by the GP telephoning the patient or carer in advance to gather information to allow for an informed

# Are services responsive to people's needs?

(for example, to feedback?)

decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## **Listening and learning from concerns and complaints**

The practice had a system for handling complaints and concerns.

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of leaflets and posters.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, reception staff completed customer care training following complaints about confidentiality at reception.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, for example in safeguarding children and adults
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained, with the exception of significant events where there were some gaps in the process. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was not yet used to monitor quality and to make improvements but this was on the action plan for implementation.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example succession planning as one of the GPs was due to retire.

### Leadership and culture

On the day of 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. Staff told us the management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of six documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice did not hold multi-disciplinary meetings with other health care professionals such as health visitors and school nurses as they did not have any patients who needed this input. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

# Are services well-led?

Good 

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a new telephone system and electronic notice board were installed.
- the NHS Friends and Family test, complaints and compliments received. The practice had reviewed the reception area and moved administrative staff from the reception area to a back office area to answer telephones privately.
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had recently become involved in neighbourhood working between several other practices in the area and had plans to develop this further. The practice also had plans to offer an ultrasound service. They also had plans to implement a system whereby patients could book, cancel and request repeat medication over a 24 hour period.