

Collingwood Medical Group

Quality Report

Collingwood Medical Group
Blyth Health Centre
Thoroton Street
Blyth
Northumberland
NE24 1DX
Tel: 01670 356 344
Website: www.collingwoodmedicalgroup.co.uk

Date of inspection visit: 24 January 2017 and 3
February 2017
Date of publication: 06/04/2017

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

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Collingwood Medical Group on 24 January 2017 and 4 February 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 report incidents and near misses. Lessons were learned when incidents and near misses occurred.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Some patients said they found it difficult to make a routine appointment with a GP. Urgent appointments were available on 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 at the practice. Staff told us that the last year had been stressful due to the large number of staff changes but that the deputy group managers supporting the practice had been very supportive.
- The practice had comprehensive policies and procedures governing their activities and there were good systems in place to monitor and improve quality.
- The practice proactively sought feedback from staff and patients, which it acted on.
- Information about services and how to complain was available on the practice website and easy to understand.
- The provider was aware of and complied with the requirements of the duty of candour regulation.

We saw one area of outstanding practice:

- The practice had introduced a weekly ward round at a local care home for patients with advanced dementia over three years ago. A lead GP visited the care home

Summary of findings

each Thursday morning. As part of these visits, care plans were reviewed and family members were able to speak to the GP if they wished too. The aim was to improve the care of patients who lived in care home and ensure continuity of care. The same GP visited these care homes each week and a buddy system was used to ensure continuity of care. Other practices in the group had adopted this approach. Feedback from the care home was very positive and they told us that families appreciated how easy it was to speak to a GP regularly.

The areas where the provider should make improvements are:

- Continue to monitor and review access to appointments and the telephone system currently in operation.
- Introduce a system to monitor the general cleaning at the practice.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes and prevent the same thing happening again.
- There were procedures in place for monitoring and managing risks to patients and staff safety.
- The practice was clean and hygienic but some aspects of their infection control arrangements required review.
- Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were above average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 100% of the points available in 2015/2016. This was 1.8% above the local average and 4.7% above the national average. At 13%, their clinical exception-reporting rate was 2.7% above the local CCG average and 3.2% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Quality improvement work was taking place, including clinical audit.
- We found that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Results from the National GP Patient Survey, published in July 2016, were comparable with local CCG and national averages in respect of providing caring services. For example, 91% of those who responded to the survey said the last GP they saw or spoke to was good at giving them enough time (CCG average 89% and national average 87%).
- 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 offered by the practice was easily available. For example, they provided this information on the practice's website.
- The practice had close links to local and national support organisations and referred patients when appropriate.
- The practice identified carers and ensured they were offered an influenza vaccination and signposted to appropriate advice and support services; 57 patients (1.2% of the practice list) had been identified as carers. Arrangements were in place to support families who had suffered bereavement.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- The practice had introduced a weekly ward round at a local care home for patients with advanced dementia over three years ago. A lead GP visited the care home each Thursday morning. As part of these visits, care plans were reviewed and family members were able to speak to the GP if they wished too. The aim was to improve the care of patients who lived in care home and ensure continuity of care. The same GP visited these care homes each week and a buddy system was used to ensure continuity of care. Other practices in the group had adopted this approach.
- Results from the National GP Patient Survey, published in July 2016, showed that patients rated the practice lower than

Summary of findings

average for access to care and treatment. For example, of those that responded, 72% found it easy to get through to the practice by phone (CCG average 77%, national average 73%) and 79% were able to get an appointment to see or speak to someone last time they tried (CCG average 86%, national average 85%).

- Most patients said they found it difficult to make a routine appointment with a GP. Urgent appointments were available on the same day.
- The provider had recently introduced a new appointment system. Patients at the practice now called a central number to make routine and urgent appointments. If a patient required an urgent appointment, their call was transferred to a GP who could either complete a telephone consultation at the time or arrange for an urgent appointment or home visit to be booked. If a patient required a routine appointment, they were transferred to their own practice.
- The practice had taken action to improve access to appointments and was reviewing the telephone system.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Specialist clinics and support services were available for patients.
- Information about how to complain was available, for example on the practice website.

Are services well-led?

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

- The practice had a clear vision with quality and safety as their top priority. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour regulation. The provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a patient participation group (PPG) and the practice had acted on feedback from the group.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in their population. All patients over the age of 75 had a named GP. The practice worked to reduce the unplanned hospital admissions for patients over the age of 75.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were good. For example, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was the same as the local clinical commissioning group (CCG) average and 1.9% above the national average. The practice's clinical exception rate for heart failure was 6%, which was below the national average of 9.2%. (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).

People with long term conditions

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

Good



- The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and supported by the practice, comprehensive care plans were in place and regularly reviewed.
- Nationally reported data showed that outcomes for patients with conditions commonly found in this population group were good. For example, the practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was 4.2% above the local CCG average and 10.1% above the national average. The practice's clinical exception rate for diabetes was 15%, which was above the national average of 11.6%.

Summary of findings

- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held regular clinics for long term conditions and a musculoskeletal practitioner was available for two and a half days a week.

Families, children and young people

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

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multi-disciplinary meetings involving child care professionals such as health visitors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were arrangements for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 87.3% to 100% (CCG average 93.6% to 98.6%) and for five year olds ranged from 85.2% to 98.4% (CCG average 91.9% to 98.7%).
- Urgent appointments for children were available on the same day.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.
- Nationally reported data showed that outcomes for patients with asthma were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 1.1% above the local CCG average and 2.6% above the national average.
- The practice employed a specialist women's health practitioner, appointments were available one day a week.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could order repeat prescriptions, book routine healthcare appointments and access their patient records online.
- Telephone appointments were available.
- The practice had a text message reminder service for appointments.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- The practice's uptake for cervical screening was 85.3%, compared to the CCG average of 83.5% and the national average of 81.8%. The practice's clinical exception rate for cervical screening was 15.9%, which was above the national average of 9.4%.
- Additional services such as new patient health checks and health checks for over 40's were provided.
- Patients were able to receive travel vaccinations that were available on the NHS. The practice was also a designated yellow fever vaccination centre.
- The practice website provided a good range of health promotion advice and information.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability; patients with learning disabilities had been invited to the practice for an annual health check. Fifty-five patients were on this register, 56% had had an annual review and 40% had received an influenza vaccination (2015/2016 data).
- The practice offered longer appointments for patients with a learning disability if requested. Some staff at the practice had completed learning disability awareness training.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Good arrangements were in place to support patients who were carers and a carers champion had just been appointed.

People experiencing poor mental health (including people with dementia)

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

- The practice had identified 1.5% of their population with enduring mental health conditions on a patient register to enable them to plan and deliver relevant services. Seventy patients were on this register; of these 84% had had an annual review completed, and 36% had received an influenza vaccination (2015/2016 data).
- Nationally reported data showed that outcomes for patients with mental health conditions were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 3.7% above the local CCG average and 7.2% above the national average. The practice's clinical exception rate for mental health was 8%, which was below the national average of 11.3%.
- Nationally reported data showed that outcomes for patients with dementia were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was 0.9% above the local CCG average and 3.4% above the national average. The exception reporting rate was 11% which was above the CCG average of 12.7%.
- The practice had introduced a weekly ward round at a local care home for patients with advanced dementia over three years ago. A lead GP visited the care home each Thursday morning. As part of these visits, care plans were reviewed and family members were able to speak to the GP if they wished too. The aim was to improve the care of patients who lived in care home and ensure continuity of care. The same GP visited these care homes each week and a buddy system was used to ensure continuity of care. Other practices in the group had adopted this approach.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Some staff at the practice had completed dementia awareness training.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing in line with or lower than local and national averages. There were 313 forms sent out and 114 were returned. This is a response rate of 37% and represented 2.4% of the practice's patient list.

- 72% found it easy to get through to this surgery by phone (CCG average 77%, national average of 73%).
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 85% described the overall experience of their GP surgery as good (CCG average 89%, national average 85%).
- 72% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).
- 92% found the receptionists at this surgery helpful (CCG average 89%, national average of 87%).
- 96% said the last appointment they got was very convenient (CCG average 93%, national average 92%).
- 79% described their experience of making an appointment as good (CCG average 75%, national average of 73%).
- 69% usually waited 15 minutes or less after their appointment time to be seen (CCG average 73%, national average 65%).

In September 2016, following a review of these survey results, the practice had started to ask patients to complete their own short survey. They had focused their questions on patient access. So far, very few patients had responded to this survey. The practice had recently reviewed the results; they had found that patient satisfaction with access to services was still lower than the practice wished to achieve.

The provider had introduced a new appointment system in October 2016. Patients at the practice now called a central number for Northumbria Primary Care Central to

make routine and urgent appointments. If a patient required an urgent appointment, their call was transferred to a GP who could either complete a telephone consultation at the time or arrange for an urgent appointment or home visit to be booked. If a patient required a routine appointment, they were transferred to their own practice.

The provider had recently reviewed their telephone system to identify if any improvements could be made. They had found that when calls were transferred from the central telephone appointment number to the practice's telephone system, some calls were not being transferred correctly. This issue had been promptly raised with the provider of the telephone service. They also planned to trial booking routine appointments, as well as urgent appointments for one of the practices in the group, directly through the central telephone number to see if this helped patients make appointments.

We reviewed six CQC comment cards that patients had completed. Half of these cards were very positive about the standard of care received. Words used include friendly, clean and two commented that they could get an appointment when they needed too. However, two cards included comments on difficulties the patients had experienced with the telephone system. One card contained positive comments about the practice but it also noted areas where they thought it could improve.

We spoke with nine patients during the inspection, including one member of the patient participation group. They said they were happy with the care they received. They said they thought the staff involved them in their care and explained tests and treatment to them. They thought the practice was clean and they said that urgent appointments were usually available. However, some of these patients said that it was difficult to get a routine appointment or an appointment with a named GP in a timely manner. Some patients also said they often had a long wait to be called in for their appointment.

Areas for improvement

Summary of findings

Action the service **SHOULD** take to improve

- Continue to monitor and review access to appointments and the telephone system currently in operation.
- Introduce a system to monitor the general cleaning at the practice.

Outstanding practice

- The practice had introduced a weekly ward round at a local care home for patients with advanced dementia over three years ago. A lead GP visited the care home each Thursday morning. As part of these visits, care plans were reviewed and family members were able to speak to the GP if they wished too. The aim was to improve the care of patients who lived in care home and ensure continuity of care. The same GP visited these care homes each week and a buddy system was used to ensure continuity of care. Other practices in the group had adopted this approach. Feedback from the care home was very positive and they told us that families appreciated how easy it was to speak to a GP regularly.

Collingwood Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector, a GP specialist advisor and an expert by experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

Background to Collingwood Medical Group

Collingwood Medical Group is registered with the Care Quality Commission to provide primary medical services. The practice provides services to around 4,700 patients from one location, we visited this address as part of the inspection:

- Collingwood Medical Group, Blyth Health Centre, Thoroton Street, Blyth, Northumberland, NE24 1DX.

As part of this inspection, we also visited Northumbria House, Cobalt Business Park, 7-8 Silverfox Way, North Shields, Tyne and Wear, NE27 0QJ, where the provider bases their central appointment system staff.

The provider of the service is Northumberland Primary Care Limited, a corporate provider of NHS primary care services that is in partnership with Northumbria Healthcare NHS Foundation Trust. It provides care and treatment to patients living in Blyth and the surrounding areas.

Collingwood Medical Group is situated in purpose-built premises, which also accommodates another GP practice and external services. The areas that patients need to

access are all on the ground floor. All reception and consultation rooms are fully accessible for patients with mobility issues. An onsite car park is available which includes dedicated disabled parking bays.

The practice has an executive lead GP and four salaried GPs (two male, three female). One of the GPs is in the process of returning from maternity leave. The practice also employs: a specialist women's health practitioner (female) who works one day a week; a clinical pharmacist; a nurse practitioner, a nurse and a medicines manager. They also employ a practice team lead, an administration lead, a reception team lead and three receptionists. A deputy group manager provides support for all of the practices in the group; they were based at the practice at the time of the inspection. A matron also provides support for all practices in the group. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

Collingwood Medical Group is open at the following times:

- Monday to Friday 8am to 6:30pm.

The telephones are answered by the practice between 8am and 6pm. When the practice is closed patients are directed to the NHS 111 service. This information is also available on the practice's website. The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare, which is locally known as Northern Doctors Urgent Care Limited.

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

- Monday 8.20am to 11:40am then 1pm to 5.30pm.
- Tuesday 8.20am to 11:40am then 1pm to 5.30pm.
- Wednesday 8.20am to 12pm then 1pm to 5.30pm.
- Thursday 8.20am to 11:40am then 1pm to 5.30pm.
- Friday 8.30am to 11am then 3pm to 5.20pm.

Detailed findings

Extended hours appointments are not currently available.

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

The proportion of patients with a long-standing health condition is above the national average (77% compared to the national average of 54%). The proportion of patients who are in paid work or full-time employment, or education, is below with the national average (47.3% compared to the national average of 62.5%). The proportion of patients who are unemployed is above the national average (8.3% compared to the national average of 4.4%).

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 January 2017 and 3 February 2017.

During our visit we:

- Reviewed information available to us from other organisations, such as NHS England. Reviewed information from the CQC intelligent monitoring systems.

- Spoke to staff and patients. This included two GPs, two group managers, two deputy group managers, the group matron, a nurse practitioner, the clinical pharmacist and one member of the administration and reception team. Three of the non-clinical staff completed staff questionnaires. We spoke with nine patients who used the service, including one who was a member of the patient participation group (PPG). We spoke with two members of the extended community healthcare team who were not employed by, but worked closely with, the practice.
- Looked at documents and information about how the practice was managed and operated.
- Reviewed patient survey information, including the National GP Patient Survey of the practice.
- Reviewed a sample of the practice's policies and procedures.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

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

Please note that when referring to information throughout this report, for example, any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

- We found that there was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available for staff to use to document these. The incident recording form supported the recording of notifiable incidents under the duty of candour regulation. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written or verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. We reviewed the forms and log used to record significant events. These recorded the event and any actions taken by the practice to reduce the risk of the event reoccurring. For example, following a significant event the practice had updated their processes for the management of electronic blood tests.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice had an effective system for reviewing and acting on safely alerts received. Recent alerts were also displayed in the staff kitchen area to ensure staff were quickly aware of those recently received.
- meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in children's safeguarding.
- Notices in the waiting area advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice was clean and hygienic but some aspects of their infection control arrangements required review. The practice had a system in place to ensure that equipment in each clinical or treatment room was regularly cleaned. The group matron was the infection control lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. We saw that infection control audits were undertaken, areas for improvement were identified and action was taken to address these. We saw that the premises were clean and tidy. However, we found there was no general cleaning schedule in place, and the general cleaning of the practice was not monitored. The practice told us that they would ensure that an appropriate schedule was put in place promptly and that general cleaning would be monitored regularly.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment by the corporate provider. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We found that:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined whom to contact for external guidance if staff had concerns about a patient's welfare. Staff at the practice knew who the lead members of staff for adult and child safeguarding were. The GPs attended safeguarding

Are services safe?

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster, which identified local health and safety representatives. The practice had an up to date fire risk assessment and carried out regular fire drills. However, the fire evacuation policy was out of date; the practice told us that they would review this policy promptly following the inspection. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice regularly reviewed the staffing needs of the practice.
- The practice told us that they had used locums GPs to cover a large number of clinical sessions over the last nine months. This was because some of the GPs and nurses had left the practice, and one GP had had been

on maternity leave. It had not been possible to replace them with new clinical staff quickly. There had also been some staff who were not able to work due to long-term sickness. When the provider had been unable to recruit new clinical staff promptly, they had been supported by staff that worked at other practices in the group. Some of these staff had now decided to stay at Collingwood. The provider told us that staffing levels were now stable but that, with hindsight, it would have been better to request support sooner than they had.

- In order to provide additional support to the administration team a new role of administration lead had been created. This role was still being developed when we inspected the practice.

Arrangements to deal with emergencies and major incidents

The practice had appropriate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms that alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks were available in a treatment room. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of the medicines we checked were in date and fit for use.
- The practice had a business continuity plan. It included details of actions to be taken in the event of possible disruptions to service, for example, loss of power.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recent published results showed the practice had achieved 100% of the total number of QOF points available compared to the local clinical commission group (CCG) average of 98.2% and the national average of 95.3%.

At 13%, their clinical exception-reporting rate was 2.7% above the local CCG average and 3.2% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice told us that they were working to reduce their exception reporting rate. For example, they had introduced 'birthday month' reviews to encourage patients to attend for regular reviews. We also saw that information was displayed in the waiting area that encouraged patients to attend for review appointments if they had a long-term condition.

Data from 2015/2016 showed:

- Performance for the diabetes related indicators was above average (100% compared to the national average of 89.9%). The practice's clinical exception rate for diabetes was 15%, which was above the national average of 11.6%.

- Performance for the heart failure related indicators was above average (100% compared to the national average of 98.1%). The practice's clinical exception rate for heart failure was 6%, which was below the national average of 9.2%.
- Performance for the dementia related indicators was above average (100% compared to the national average of 96.6%). The practice's clinical exception rate for dementia was 11%, which was below the national average of 12.7%.
- Performance for the hypertension related indicators was above average (100% compared to the national average of 97.3%). The practice's clinical exception rate for hypertension was 9%, which was above the national average of 3.9%.

There was evidence of quality improvement including clinical audit.

- The practice demonstrated that they had carried out clinical audit activity to help improve patient outcomes. We saw evidence that two two-cycle audits had been completed in the last year. For example, one audit looked at the practice's compliance with local antibiotic prescribing guidelines. The second cycle of this audit showed that the practice had increased the percentage of patients that were prescribed antibiotics in line with local guidance from 78% to 56%.
- Following a significant event, the practice had also completed a review of patients prescribed quinine to ensure that no other patients would be affected by the same issue.
- The practice participated in the CCG's medicines optimisation and quality in prescribing schemes to improve patient outcomes and provide cost effective care.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff, including locum GPs. It covered such topics as safeguarding, fire safety, health and safety and confidentiality. New staff also attended a corporate induction in addition to the internal induction programme.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For

Are services effective?

(for example, treatment is effective)

example, for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by having access to on line resources and discussion at practice meetings.

- Staff had access to, and made use of, e-learning training modules, in-house training and external training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to the training required to meet their learning needs and to cover the scope of their work. The practice provided ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. For example, the provider held monthly half-day education sessions at their headquarters, which staff told us they attended.
- All staff had received an appraisal within the last 12 months or had an appraisal planned for the near future.
- The nurse practitioner attended a nurse practitioner forum held by the provider.

Coordinating patient care and information sharing

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

- This included risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred or, after they were discharged from hospital.
- We saw evidence that regular MDT meetings took place. At one meeting, the focus was on clinical issues. The focus at the next meeting was frail elderly patients at

high risk of hospital admission and patients requiring end of life care. The needs of these patients were discussed and, where appropriate, care plans were agreed.

- Regular 'Supporting Families' meetings took place to help ensure information about vulnerable children and families was shared with the relevant health and social professionals, and to identify and manage potential risks.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- This included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice provided in house smoking cessation advice and support.
- Information such as NHS patient information leaflets was also available.
- The practice's website provided a good range of health information and details of support services available for patients.

The practice's uptake for cervical screening was 85.3%, which was above the CCG average of 83.5% and the national average of 81.8%. However, the practice's clinical exception rate for cervical screening was 15.9%, which was above the national average of 9.4%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice told us that they hoped their appointment of a specialist women's health practitioner would reduce their exception reporting rate.

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

The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

- The uptake of breast screening by females aged between 50 and 70, during the previous 36 months, was below the national average, 57.8% compared to 72.5%.
- The uptake of bowel cancer screening by patients aged between 60 and 69, during the previous 30 months, was below the national average, 44.9% compared to 57.8%.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. Childhood

immunisation rates for the vaccinations given to under two year olds ranged from 87.3% to 100% (CCG average 93.6% to 98.6%) and for five year olds ranged from 85.2% to 98.4% (CCG average 91.9% to 98.7%). The practice worked to encourage the uptake of screening and immunisation programmes with the patients at the practice.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We saw that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Results from the National GP Patient Survey, published in July 2016, showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect but improvements could be made. Of those that responded:

- 96% said they had confidence and trust in the last GP they saw or spoke to (Clinical Commissioning Group (CCG) average 97%, national average 95%).
- 90% said the GP they saw or spoke to was good at listening to them CCG average 91%, national average 89%).
- 91% said the GP they saw or spoke to gave them enough time (CCG average 89%, national average 87%).
- 94% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 97% had confidence or trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).
- 96% said the last nurse they saw or spoke to was good at listening to them (CCG average 94%, national average 91%).

The practice gathered patients' views on the service through the national friends and family test (FFT). (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). Data from the most recent Friends and Family Survey carried out by the practice, from October 2016 to December 2016, showed that of 109 respondents, 76% of patients said they would be 'extremely likely' or 'likely' to recommend the service to family and friends. 15%

of patients said they would be 'unlikely' or 'extremely unlikely' to recommend the service to family and friends. Information on the practice's friends and family performance was displayed in the practice's waiting area.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the National GP Patient Survey, published in July 2016, showed patients' satisfaction with involvement in planning and making decisions about their care and treatment was above local and national averages. Of those that responded:

- 95% said the last GP they saw was good at explaining tests and treatments (CCG average of 90%, national average of 86%).
- 93% said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 82%).
- 97% said the last nurse they saw was good at explaining tests and treatments (CCG average 92%, national average 90%).
- 94% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- However, the hearing loop, for patients who were hard of hearing, was not working when we inspected the practice, but a repair had been requested.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice website also provided a range of health advice and information. The waiting area had information for carers and provided a range of advice and information for patients.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had links to support organisations and referred patients when appropriate. The practice had identified 57 of their patients as being a carer (1.2% of the practice patient population). The practice was working to improve the number of patients they had on their carers

register, they were focused on identifying carers of more vulnerable patients when we inspected the practice. The practice had recently started inviting carers to attend for a carers health checks but none had yet taken place.

Staff told us that if families had suffered bereavement, the practice would contact the family by phone and would offer support in line with their wishes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

The practice was aware of the needs of their practice population and provided services that reflected their needs. The practice had introduced a weekly ward round at a local care home for patients with advanced dementia over three years ago. A lead GP visited the care home each Thursday morning. As part of these visits, care plans were reviewed and family members were able to speak to the GP if they wished too. The aim was to improve the care of patients who lived in care home and ensure continuity of care. The same GP visited these care homes each week and a buddy system was used to ensure continuity of care. Other practices in the group had adopted this approach

We also found that:

- When a patient had more than one health condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- The practice held regular clinics. For example, for patients diagnosed with diabetes, to provide childhood immunisations and well man and well woman clinics.
- There were longer appointments available for patients with a learning disability, patients with complex conditions and those requiring the use of an interpreter when requested.
- Home visits were available for older patients and patients who would benefit from these.
- Patients were able to receive travel vaccinations that were available on the NHS. The practice was also a designated yellow fever vaccination centre.
- Smoking cessation support and dietary advice were provided by the practice.
- The practice provided contraceptive services and sexual health advice to patients.
- The practice employed a specialist women's health practitioner, appointments were available one day a week.
- There were disabled facilities and translation services were available.

- Patients could order repeat prescriptions and book GP appointments on-line.
- Additional services such as new patient health checks, health checks for over 40's and joint injections were provided.
- The practice held regular clinics for long terms conditions and a musculoskeletal practitioner was available for two and a half days a week.
- The practice was working to raise awareness of the need for regular review appointments for patients with long term conditions, for example, we saw information displayed in the waiting area and the practice website displayed information on the services they offer.

Access to the service

Collingwood Medical Group was open at the following times:

- Monday to Friday 8am to 6:30pm.

Appointments were available at the following times:

- Monday 8.20am to 11:40am then 1pm to 5.30pm.
- Tuesday 8.20am to 11:40am then 1pm to 5.30pm.
- Wednesday 8.20am to 12pm then 1pm to 5.30pm.
- Thursday 8.20am to 11:40am then 1pm to 5.30pm.
- Friday 8.30am to 11am then 3pm to 5.20pm.

Results from the National GP Patient Survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was mixed compared to local and national averages in some areas. Of those that responded:

- 83% of patients were satisfied with the practice's opening hours (CCG average 76%, national average of 76%).
- 72% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 79% patients said they able to get an appointment or speak to someone last time they tried (CCG average 86%, national average 85%).
- 57% feel they normally don't have to wait too long to be seen (CCG average 66%, national average 58%).

The provider had introduced a new appointment system in October 2016. Patients at the practice now called a central number to make routine and urgent appointments. If a patient required an urgent appointment, their call was transferred to a GP who could either complete a telephone

Are services responsive to people's needs?

(for example, to feedback?)

consultation at the time or, arrange for an urgent appointment or home visit to be booked. The practice had written to all patients to ensure they were aware of the new appointments system.

However, some patients told us they found the appointment system difficult to use. They also said they found it difficult to make a routine appointment with a GP. Urgent appointments were available on the same day.

The practice had a system in place to assess:

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

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.

We spoke with nine patients during the inspection; including one member of the patient participation group. Patients told us that urgent appointments were available when required but some patients found it difficult to make a routine appointment in a timely manner. On the day of the inspection, the next routine appointment with a GP was available on 9 February 2017.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The deputy group manager was the designated responsible person who handled all complaints in the practice; GPs provided clinical oversight when required.
- We saw that information was available to help patients understand the complaints system. Information was on display on practice's website. However, there was no information on how to make a complaint available in the reception area that patients without access to the internet could easily access.

We looked at five of the 12 complaints received in the last 12 months and found that these were dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care

Some of the letters sent by the practice did not include details of actions that patients could take if they were not satisfied with the outcome of the complaints. The practice told us that they would ensure they were more consistent.

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 provider had a clear vision to deliver high quality care and promote good outcomes for patients that was devolved to the practice.

- The provider had a statement of purpose that included they would 'provide good quality primary care services from a clean, well equipped and safe environment' and 'our team will have the right skills and training to carry out their duties competently'.
- The provider's aims and values included 'putting patients first' and 'ensuring that we are responsible and accountable, as individuals, a team and the wider organisation'.
- One of the GP's at the practice acted as the GP lead for the regional cancer network.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs, nurses and the practice management team held lead roles in key areas, for example, safeguarding and chronic disease management.
- The management of the practice had a good understanding of the performance of the practice and they were aware of the need to continually review their QOF performance.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Over the last six months one the GP's had reviewed the work of the practice. We saw that an action plan was being developed to address the areas that required improvement. We saw that whilst this work was at early stage it had identified key areas for development such as work force planning and communication. It had also identified key clinical areas where the practice wanted to review and improve their performance.

Leadership and culture

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

The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. (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).

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

- The practice held regular meetings. For example, the practice held regular multi-disciplinary team and quality and governance meetings, and members of the practice team attended executive meetings where they discussed significant events and practice performance. Terms of reference were in place to define the scope, format and attendance at key meetings.
- Practice specific policies were implemented and these were easily accessible to staff. Policies were regularly reviewed and updated. However, the fire evacuation policy required review.
- Most staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and were supported if they did. The practice had appointed an administration lead to address the concerns that some staff had raised about communication and workload.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the provider held regular executive meetings where significant events and the practice's risk register were discussed and monitored.

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

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

- The practice had gathered feedback from patients through their patient participation group (PPG), surveys

Are services well-led?

Good 

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

and complaints received. The practice had a PPG and we were told the next meeting was planned for March 2017. The practice had responded to suggestions made by the group.

- In September 2016, following a review of these survey results, the practice had started to ask patients to complete their own short survey. They had focused their questions on patient access. So far, very few patients had responded to this survey. The practice had recently reviewed the results; they had found that patient satisfaction with access to services was still lower than the practice wished to achieve.
- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

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

For example:

- An action plan had been developed had identified clinical areas where the practice wished to improve their performance in. For example, we saw that the practice planned to develop and implement a dementia action plan, develop their diabetes annual review process and ensure that they were effectively managing vulnerable adults. These changes aimed to review, improve and embed processes. Work was at an early stage but progress was being made, for example, as part of the work to improve dementia processes work had been undertaken to ensure all patients with dementia were correctly coded.