

Holmside Medical Group

Quality Report

MAIN SURGERY:

142 Armstrong Road, Benwell
Newcastle Upon Tyne, NE4 8QB

BRANCH SURGERY:

Chapel House Primary Care Centre
Hillhead Parkway, Chapel House Estate
Newcastle Upon Tyne, NE5 1LJ

Tel: 0191 2734009

Website: www.holmsidemedicalgroup.nhs.uk

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Holmside Medical Group on 8 October 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Both the main and branch surgeries had good facilities and were well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour. For example, apologies were issued where complaints had been upheld or errors discovered.

We saw one area of outstanding practice:

- The practice is rated as outstanding for the care of people with a long term condition. The practice had adopted the Year of Care approach to caring for its

Summary of findings

patients with long term conditions. As a result patients received one combined annual review in their birthday month and were actively involved in care planning and decision making.

There were also areas where the provider should make improvements. The practice should:

- Consider replacing the carpet in the phlebotomy room of the main surgery with easy clean flooring
- Review and strengthen the process for recording and monitoring computer prescriptions.
- Review the use of patient group directions (PGDs) and understanding of patient specific directions by the healthcare assistants

- Review the system currently in place for selecting topics for clinical audit and ensure that full two cycle audits are completed to demonstrate improvement
- Review the decision not to have a defibrillator in the main surgery. If the outcome is that a defibrillator is not felt to be necessary a risk assessment detailing why and recording mitigating actions should be created.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned when things went wrong and shared with staff to support improvement. There was an effective system for dealing with safety alerts and sharing these with staff. Individual risks to patients had been assessed and were well managed. Good medicines management systems and processes were in place and staff recruitment was safe. The premises were clean and hygienic and there were good infection control processes. However, the practice needs to review the use of patient group directions (PGDs) or patient specific directions (PSDs) in relation to healthcare assistants delivering flu vaccinations. The practice should also consider replacing the carpet in the phlebotomy room of the main surgery with easy clean flooring and review their decision not to have a defibrillator on site.

Good



Are services effective?

The practice is rated as good for providing effective services. Nationally reported Quality and Outcomes Framework (QOF) data showed the practice had performed well in providing recommended care and treatment to their patients. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included promoting good health, and providing advice and support to patients to help them manage their health and wellbeing. Staff worked with other health care professionals to help ensure patients' needs were met. There was an effective staff appraisal system and, overall, staff had access to the training they needed to carry out their duties. Staff had completed a variety of clinical audits and used these to improve patient outcomes. However, these were not always full two cycle audits and the practice did not have a structured, systematic approach to selecting topics for clinical audits. Neither did the audits appear to focus on those areas where staff have identified that outcomes for patients could be improved.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment. Results from the National GP Patient Survey showed patients were satisfied

Good



Summary of findings

with the quality of the care and treatment they received from their GPs and nurses. During the inspection we saw staff treating patients with kindness and respect, and they maintained patient confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. They reviewed the needs of their local population and engaged with the NHS England Area Team and local Clinical Commissioning Group to secure improvements to services where these were identified. This had resulted in the practices involvement in a number of initiatives aimed at improving patient care, including:

- The use of the Ophelia (Optimising Health Literacy and Access) health literacy questionnaire. This helped the practice to assess its strengths and weaknesses in meeting the needs of its patient population and in planning improvements, in particular for non-English speaking patients.
- Becoming a member of the West End Family Health social community enterprise which met weekly to share ideas and plan co-delivery of services that could not be delivered in isolation.
- Working to the Year of Care partnership to ensure patients with long term conditions were involved in care planning and decision making and supported to self-manage their conditions
- Becoming a Patient Online Beacon Site which encouraged patients with long term conditions to take greater control of their own health and wellbeing by offering a range of digital services.
- Participation in the CCG 'Ways to Wellness' social prescribing initiative to encourage better self management of long term conditions.

The majority of patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day. The main and branch surgeries had good facilities and were well equipped to treat patients and meet their needs. Although access for patients with mobility issues had been considered at the main surgery and improvements made as far as possible, facilities for this group of patients was much better at the branch surgery. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as good for providing well-led services. Staff had a clear vision about how they wanted the practice to grow and develop, and were taking steps to deliver this. The practice had good governance processes, and these were underpinned by a range of policies and procedures that were accessible to all staff. There were systems and processes in place to identify and monitor risks to patients and staff, and to monitor the quality of services provided. Regular practice and multi-disciplinary team meetings took place, which helped to ensure patients received effective and safe clinical care. This included a weekly educational breakfast meeting where clinical staff discussed new guidance, specific cases, journal articles and performance. The practice proactively sought feedback from patients who were encouraged and supported to comment on how services were delivered. The practice also had an active and committed patient participation group.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice had the largest population of elderly patients in the West of Newcastle and the practice had responded to this to ensure staff provided proactive, personalised care which met the needs of older patients. Patients aged 75 and over had been allocated a named GP to help ensure their needs were met. Those most at risk of unplanned admission to hospital had been identified and comprehensive care plans agreed. Arrangements had been made to meet the needs of 'end of life' patients. For example, staff held monthly palliative care meetings with community and Macmillan nursing staff to ensure these patients' needs were identified and met. The practice participated in the local Clinical Commissioning Group's (CCG) Care Homes Project and had developed an effective working relationship with a number of care homes in the local area. This made it possible to offer a greater continuity of care and more effective prevention of illness through regular visits to the homes. The practice offered home visits and longer appointment times where these were needed by older patients. Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group.

Good



People with long term conditions

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

Effective systems were in place which ensured that patients with long-term conditions received an appropriate service which met their needs. Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group.

Since 2012 the practice had implemented a single care and support planning process for patients with one or more long term conditions. They had subsequently worked to the Year of Care partnership model with staff receiving training which included the development of generic skills for nurses who had previously specialised in a particular long term condition. As a result the practice now ensured that all patients with long term conditions received a holistic patient centred annual review in their birthday month, with one combined review for patients with multiple long term conditions. Patients were encouraged to prepare for their

Outstanding



Summary of findings

review, be involved in discussions about their condition and contribute to a personally held care plan. These reviews comprised of an initial biometric test with a health care assistant together with the offer of a care and support planning meeting with the senior nurse. Flu vaccinations and smoking cessation sessions were available for all patients with a long term condition.

The practice had agreed to be a Patient Online Beacon Site with effect from October 2015. This NHS England initiative was aimed at encouraging patients with long term conditions to take greater control of their own health and wellbeing, supported by their GP practice, by offering a range of digital services.

The practice also participated in the CCG 'Ways to Wellness' social prescribing initiative which is a service designed to add to a patient's medical support by supporting patients with a long term conditions to better manage their condition.

Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who are the subject of child protection plans. The practice worked with the attached health visitor to ensure contact was made with the parents/carers of children who did not attend for appointments or immunisation. Monthly multi-disciplinary child safeguarding meetings were held involving the lead GP for safeguarding, the health visitor, midwife and school nurse. Immunisation rates were broadly in line with local CCG averages for all standard childhood immunisations. Appointments were available outside of school hours and the practice ensured that same-day emergency appointments were routinely available for all pre-school children. Emergency telephone consultations with a GP were also available. Cervical screening rates for women aged 25-64 were in line with local and national averages.

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). Patients were able to book appointments at either the main or branch surgery and a flexible appointment system was in operation, including requests for emergency or pre bookable telephone consultations with GPs. Patients were sent text message reminders of upcoming appointments. The practice offered a full range of online services including booking appointments, accessing test results and

Good



Summary of findings

ordering repeat prescriptions. Links to a range of health prevention information was also available on the practice website. The practice used the EPS(2) system to send prescriptions electronically to a local pharmacy of the patients choice.

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 with a learning disability and those with caring responsibilities.
- They routinely offered longer appointments for people with a learning disability. Longer appointments were also offered to non-English speaking patients who required a translation service.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people, such as palliative care patients and those with safeguarding concerns.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had developed effective working relationships with a local residential home for people with severe physical and learning disabilities and a Home Office approved bail hostel. Residents were registered on a temporary basis as and when required and support was provided with issues such as substance abuse.

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).

- A GP lead had been identified for patients experiencing poor mental health or dementia.
- The practice provided an annual review to patients with a history of serious mental illness and those with dementia where physical as well as mental health was reviewed and personal care plans were developed. The practice was pro-active in contacting patients who failed to attend appointments
- The practice regularly signposted and referred patients experiencing poor mental health to various support groups and

Good



Summary of findings

organisations, such as Newcastle Talking Therapies. Talking Therapies provides advice, support and information on coping strategies for people experiencing depression, anxiety, stress, anger, fear, bereavement and relationship difficulties

- A close working relationship had been developed with the mental health counsellor and Primary Care Mental Health worker attached to the practice.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed varying levels of patient satisfaction, with the practice performing well in some areas, and less well in others. 284 survey forms were distributed and 109 were returned (approximately 1.20% of the practice population).

- 67.1% found it easy to get through to this surgery by phone compared to a CCG average of 78.5% and a national average of 74.4%.
- 91% found the receptionists at this surgery helpful (CCG average 87.2%, national average 86.9%).
- 81.5% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84.9%, national average 85.4%).
- 94% said the last appointment they got was convenient (CCG average 93%, national average 91.8%).
- 78.1% described their experience of making an appointment as good (CCG average 74.2%, national average 73.8%).

- 78.3% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67.9%, national average 65.2%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received a total of 26 comment cards (15 in relation to the main surgery and 11 in relation to the branch surgery) which were all mainly positive about the standard of care received. Words used to describe the service were efficient, excellent, fantastic, helpful and kind. Negative comments were in relation to dissatisfaction with the appointments system, delay in getting through to the surgery by phone, delay in being called in at the allocated appointment time and feeling rushed during a consultation.

We spoke with seven patients during the inspection. All seven patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Consider replacing the carpet in the phlebotomy room of the main surgery with easy clean flooring
- Review and strengthen the process for recording and monitoring computer prescriptions.
- Review the use of patient group directions (PGDs) and understanding of patient specific directions by the healthcare assistants
- Review the system currently in place for selecting topics for clinical audit and ensure that full two cycle audits are completed to demonstrate improvement
- Review the decision not to have a defibrillator in the main surgery. If the outcome is that a defibrillator is not felt to be necessary a risk assessment detailing why and recording mitigating actions should be created.

Outstanding practice

The practice is rated as outstanding for the care of people with a long term condition. The practice had adopted the Year of Care approach to caring for its patients with long

term conditions. As a result patients received one combined annual review in their birthday month and were actively involved in care planning and decision making.

Holmside Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Holmside Medical Group

The main surgery is located within a residential area of inner West Newcastle. The branch surgery at Chapel House is located within a residential area of outer West Newcastle. The practice provides care and treatment to 9,118 patients from the surrounding areas that can access services at either location. It is part of the NHS Newcastle and Gateshead Clinical Commissioning Group (CCG) and operates on a General Medical Services (GMS) contract.

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

Main Surgery: 142 Armstrong Road, Newcastle Upon Tyne, NE4 8QB

Branch Surgery: Chapel House Primary Care Centre, Hillhead Parkway, Chapel House Estate, Newcastle Upon Tyne, NE5 1LJ.

The main surgery is located in a converted and extended terraced house with limited disabled access. On street parking is available nearby. The branch surgery is located in a purpose built medical centre which is shared with other health care providers. This surgery has good disabled

access with all communal areas, waiting areas and consultation rooms being fully accessible for patients with mobility issues. Car parking facilities, including disabled car parking spaces are available on site.

The practice is open between 8.30am to 6.00pm on a Monday to Friday. The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited.

Holmside Medical Group offers a range of services and clinic appointments including chronic disease management clinics, antenatal clinics, baby clinics, young person's sexual health, travel vaccinations and childhood immunisations. The practice consists of:

- Four GP partners (two male and two female)
- Three salaried GPs (one male and two female)
- A practice nurse (female)
- A treatment room nurse (female)
- A pharmacist
- Two health care assistants
- 16 non-clinical staff including a practice manager, assistant to the practice manager, practice co-ordinator, senior secretary and a secretary/ administration team supervisor

The practice is a teaching and training practice and provides training to third and fifth year medical students as well as GP trainees.

The area in which the practice is located is in the third most deprived decile. In general people living in more deprived areas tend to have greater need for health services. The practice's age distribution profile showed a higher percentage of patients aged 45 and over than the national average.

Detailed findings

The practice is a member of the West End Family Health social community enterprise. This is a GP alliance who meet weekly and whose aims include working together to share ideas and meet the needs of the local community by providing services that could not be delivered in isolation.

Why we carried out this inspection

We inspected this service as part of our new 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 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

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 October 2015. During our visit we spoke with a mix of clinical and non-clinical staff including four GPs, the practice nurse, the practice manager and other non-clinical staff. We also spoke to seven patients, one of whom was also a member of the practice's patient participation group (PPG). We observed how staff communicated with patients who visited or telephoned the practice on the day of our inspection and reviewed 26 Care Quality Commission (CQC) comment cards that had been completed by patients. We also looked at the records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice was also using the Safeguard Incident and Risk Management System (SIRMS). This system enables staff to flag up any issues, via their surgery computer, to a central monitoring system so that the local CCG can identify any trends and areas for improvement. The practice carried out an analysis of the significant events on a quarterly basis.

The practice had recorded a total of eight significant events for the period 1 September 2014 to 31 August 2015. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had introduced a system of standardised comments that GPs could write against blood test results for the reception staff to use when giving results to patients. This had been implemented after a receptionist had misunderstood a doctor's comments and given incorrect information to a patient. The system is under regular review.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

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

when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- Notices were displayed in the waiting rooms of both the main and branch surgeries advising patients that a chaperone could be requested if required. All staff who acted as chaperones had received a disclosure and barring check (DBS). (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 surgery's policy for chaperones outlined the procedure to be followed. Information about chaperones was also available on the practice website.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, the room used for phlebotomy (blood testing) purposes was carpeted which contravenes best practice guidance in relation to infection control. In addition, the practice protocols for dealing with needlestick injuries and general waste management had not been reviewed or updated since April 2013.
- Recruitment checks were carried out and the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For

Are services safe?

example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- 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, and the practice operated a "buddy" system to ensure there was cover for staff who were on annual leave.
- Effective arrangements were in place to ensure medicines requiring cold storage, such as vaccines, were stored appropriately. A policy was in place to ensure refrigerator temperatures were checked and recorded to confirm that medication stored in the refrigerators was safe to use. However, the practice should take steps to ensure that the refrigerator used for storing medicines cannot be turned off accidentally.
- Reception staff we spoke with were aware of the steps they needed to take to ensure that requests for repeat prescriptions were safely handled and in line with the practice's policy. Staff confirmed that repeat prescription requests were authorised by a GP before being given to the patient, or sent electronically to their preferred pharmacy. Hand written prescription forms were stored securely and there were systems in place to monitor their use; however, the serial numbers of computer prescriptions were not recorded or use monitored.
- Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.
- The practice used patient group directions (PGDs) to permit clinical staff to supply prescription only medicines, such as vaccines, to groups of patients without individual prescriptions. However, The Human Medicines Regulations 2012 does not allow healthcare assistants, who are not registered healthcare professionals, to administer prescription only medicines under a patient group direction. Health care assistants are only allowed to administer such medicines where they have either been prescribed or there is a patient specific direction in place (a traditional written instruction, signed by a doctor for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis). The health care assistant we spoke to on the day of the inspection told us that they regularly administered flu vaccinations yet did not know what a patient specific direction was and did not think that these were in use.
- The main surgery did not have a defibrillator (a device used to start a patient's heart in an emergency) nor a risk assessment detailing why the decision not to have one had been taken. We saw that there was a defibrillator held on site at the branch surgery at Chapel House.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

The practice also used the RAIDR (Reporting Analysis & Intelligence Delivering results) system as an opportunity to benchmark with other practices within the local CCG. One of the practice GPs was the CCG lead for systems resilience. The practice was also participating in the local CCG's Development and Engagement Programme. This was a new model of care initiative committed to developing an extended range of services delivered from and by general practice and ensuring a modern and flexible multi-agency approach. It was envisaged that this would increase a patient's lifespan and time spent in hospital as a result of an effective integrated care approach.

Management, monitoring and improving outcomes for people

The clinical staff monitored how well the practice performed against key clinical performance indicators such as those contained within the Quality and Outcomes Framework (QOF).

The practice was able to demonstrate that it undertook clinical audit cycles to help improve patient outcomes. However, not all were full two cycle audits and there did not appear to be any real process in place to determine what audits would be beneficial with some being more of a data collection exercise rather than demonstrating any in depth analysis. A two cycle audit of the prescribing of tiotropium (a long-acting anticholinergic bronchodilator) for patients with chronic obstructive pulmonary disease had been undertaken. The second cycle, carried out in October 2014 showed that having reviewed relevant patients identified during the first audit the prescribing of

the drug had increased slightly improving outcomes for patients with this condition. Where it had not been felt appropriate to prescribe this medicine a reason had been documented on the patients record.

The practice used the information collected from QOF and performance against national screening programmes to monitor outcomes for patients. For example:

- 96.2% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their record in the preceding 12 months which had been agreed with the patient and their family/carers (national average 86%).
- 89.3% of patients with diabetes had received a foot examination and risk classification within the preceding 12 months (national average 88.4%). Performance for all diabetes related indicators was higher than the national average despite the practice having a high number of diabetics on its list (over 700 patients – approximately 7.7% of the patient population)
- 82.9% of patients with hypertension in whom the last blood pressure reading measured within the preceding 9 months was 150/90mmHg or less (national average 83.1%).

The practice had scored in line with or above the England average in the majority of QOF indicators. We confirmed the practice had obtained the maximum number of points available to them for delivering a good standard of care to patients with a range of conditions including asthma, atrial fibrillation, cancer, depression, epilepsy, heart failure, hypertension, osteoporosis, rheumatoid arthritis and to patients with a learning disability or mental health issue and those in need of palliative care.

The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of palliative care patients and their families

Effective staffing

The staff team included medical, nursing, health care, pharmacy, managerial and administrative staff. The partnership consisted of four GP partners with a further three salaried GPs. We reviewed staff training records and found that staff had received a range of mandatory and additional training. This included basic life support, fire safety, information governance, safeguarding and appropriate clinical based training for clinical staff.

Are services effective?

(for example, treatment is effective)

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list). The practice nurses reported they were supported in seeking and attending continual professional development and training courses.

All staff undertook annual appraisals from which personal development plans listing training requirements were developed. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses.

We looked at staff cover arrangements and identified that there were sufficient GPs on duty when the practice was open. Holiday, study leave and sickness were covered in house whenever possible.

Coordinating patient care and information sharing

The practice worked with other service providers to meet patients' needs and manage complex cases. The practice received written communication from local hospitals, the out-of-hours provider and the 111 service, both electronically and by post. Staff we spoke to were clear about their responsibilities for reading and actioning any issues from communications with other care providers. They understood their roles and how the practice's systems worked.

The practice demonstrated they worked with other services to deliver effective care and treatment across the different patient population groups. The practice held monthly multidisciplinary team meetings with health visitors and the community matron to discuss palliative care patients and vulnerable children. The practice informed the health visitor for the area if any child under the age of five had registered with the practice to ensure that any safeguarding concerns were identified as soon as possible.

The practice had a system in place to ensure that hospital discharge letters were reviewed and patients contacted, if appropriate to review their medication and ensure the patients' needs were being met.

We found appropriate end-of-life care arrangements were in place. The practice maintained a palliative care register.

We saw there were procedures in place to inform external organisations about any patients on a palliative care pathway. This included identifying such patients to the local out-of-hours provider.

Consent to care and treatment

Staff told us they ensured they obtained patients' written, verbal or implied consent, in line with legislation and guidance, before undertaking any care or treatment and acted in accordance with their wishes.

- 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, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

There was a range of information on display within the practice reception area. The practice website also included links to a range of patient information including family health, long-term conditions and minor illnesses.

We found patients with long-term conditions were recalled to check on their health and review their medications for effectiveness. Processes were in place to ensure the regular screening of patients was completed, for example, cervical screening. Performance in this area for 2014/15 was 81.4% which was in line with the national average of 81.9%.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. On the basis of the nationally reported data available to the Care Quality Commission (CQC), we saw that, where comparisons allowed, the delivery of the majority of childhood immunisations was in line with or slightly below the local CCG average. The percentage of patients in the 'influenza clinical risk group', who had received a seasonal flu vaccination, was 59.9% (national average 52.3%) and the percentage of patients aged 65 or older who have received a seasonal flu vaccination was 77% compared to a national average of 73.2%. The practice regularly hosted flu vaccinations clinics on Saturdays during the winter months.

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

The practice no longer offered NHS health checks for patients between the age of 40 and 74 as there had been little uptake when they had. New patients were offered a health check. As the practice was based in an area where

there was a relatively high percentage of children subject of child protection plans new patients health checks with the attached health visitor were also offered to children under the age of five.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 26 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with seven patients, one of whom was a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards 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 doctors and nurses. For example:

- 95.4% said the GP was good at listening to them compared to the CCG average of 90.4% and national average of 88.6%.
- 94.6% said the GP gave them enough time (CCG average 88.3%, national average 86.8%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 95.7%, national average 95.3%)
- 96.9% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.8%, national average 85.1%).

- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.7%, national average 90.4%).
- 91% said they found the receptionists at the practice helpful (CCG average 87.2%, national average 86.9%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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 above local and national averages. For example:

- 97.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.1% and national average of 86.3%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 83.8%, national average 81.5%)

Staff told us that they had a high percentage of non-English speaking patients and that they were proactive in routinely offering these patients translation services and longer appointments. The practice had also used a health literacy questionnaire to identify the specific needs of its patient population and areas in which improvement was required. It was envisaged that this would promote engagement and improve patient centred care.

Patient and carer support to cope emotionally with care and treatment

Notices displayed in the waiting room told patients how to access a range of support groups and organisations. Practice staff were proactive in their efforts to identify carers to ensure they were included in their carers' register and offered a carer's assessment. The practice IT system alerted clinical staff if a patient was also a carer, so this could be taken into account when planning their care and treatment. Carer's were routinely signposted to the local

Are services caring?

carers association. However, we did not see any information about bereavement services available to patients in the waiting room although there was some information on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was able to demonstrate that it reviewed the needs of its local population and engaged with NHS England and the local Clinical Commissioning Group to improve services. For example:

- The practice was working with NHS England as a beacon site for the Patient Online initiative. This was aimed at encouraging patients with long term conditions to better self-manage their conditions using a range of digital services and with support from the GP practice.
- The practice was participating in the CCG 'Ways to Wellness' social prescribing initiative for patients with long term conditions.
- The practice was involved in a health foundation bid to use the Ophelia (Optimising Health Literacy and Access) health literacy questionnaire. This was helping the practice to assess strengths and weaknesses in meeting the needs of its patient population with the aim of ensuring health care and community services could work together to co-produce, co-commission and co-deliver innovative, locally-relevant service redesign and improvements.
- The practice was also participating in the local CCG's Development and Engagement Programme which aimed to extend the range of services delivered by general practice.

In addition, the practice ensured that:

- Urgent same day appointments were available
- Home visits were available for older patients or patients who could not physically attend the surgery
- Longer appointments were routinely available for different groups of patients including those with a learning disability or those who would require a translation service
- There were disabled facilities (particularly at the branch surgery), hearing loop and translation services available.

Access to the service

The practice was open between 8.30am to 6.00pm Monday to Friday. Urgent same day appointments were available following a telephone triage call with a GP. We saw that urgent appointments were available the same day and that pre bookable and telephone consultation appointments

were available within an acceptable timescale. The practice manager told us that the practice had a low threshold for agreeing to requests for home visits and these were generally delivered on request the same day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or above local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 78.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.6% and national average of 75.7%.
- 67.1% patients said they could get through easily to the surgery by phone (CCG average 78.5%, national average 74.4%).
- 78.1% patients described their experience of making an appointment as good (CCG average 74.2%, national average 73.8%).
- 78.3% patients said they usually waited 15 minutes or less after their appointment time (CCG average 67.9%, national average 65.2%).

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.
- 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, for example, complaints leaflets were available in the reception area and information about how to complain was included on the practice website.

The practice had recorded 12 complaints during the period September 2014 and September 2015. We looked at these complaints and found that they had been investigated and responded to appropriately and in a timely way. The practice was able to demonstrate how lessons were learnt from complaints to improve the quality of care delivered to its patients. For example, a complaint regarding a practice clinician wearing jewellery on their arm led to a review of

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

the practice infection control procedure and the introduction of a 'bare below the elbow' protocol. Another complaint in relation to a delay in passing on blood test results led to a review of the practice staff induction policy.

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. This was clearly outlined in their statement of purpose and their mission statement which stated 'Our purpose is to provide patients with the highest standard of personal health care they can achieve and to seek continuous improvement in the health of the practice population. We aim to achieve this by maintaining a professional and contented practice staff who are responsive to patient's needs. We also wish to provide the best possible training to medical students working within the practice.'

The staff we spoke with told us they understood and were committed to their roles and responsibilities in relation to this.

Although the practice did not have a business plan they were in the process of developing an organisational development plan and intended to involve all staff in this process and in developing aims and objectives. It was felt that this would include discussions around succession planning and accommodation.

Governance arrangements

There was a clear leadership structure with named members of staff in lead roles. For example GP leads had been identified for safeguarding, medicines management, QOF, diabetes, mental health and learning disabilities. The practice nurse was the lead for infection control and the practice manager for health and safety. Members of staff we spoke with told us they were clear about their own roles and responsibilities as well of the roles of others. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the shared drive on any computer within the practice. We looked at a sample of these policies and procedures. Although all were fit for purpose some required review; such as the practice policies for dealing with needlestick injuries and their general waste management protocol both of which were dated April 2013.

The practice held a variety of regular staff and multi-disciplinary meetings. This included a weekly

educational breakfast meeting where clinical staff discussed any new guidance, cases of concern, journal articles and QOF. Other healthcare professionals were also invited to speak at these meetings; for example a representative of the local social prescribing team and a physiotherapist.

Leadership, openness and transparency

The GP partners had the experience, capacity and capability to run the practice and ensure high quality care. They had created a culture which encouraged and sustained learning at all levels in the practice, and had, through their partnership working with other agencies, promoted quality and continuing improvement. Staff told us the practice was well led, that they felt respected, valued

and supported and would feel comfortable raising issues as they knew they would be addressed in a positive manner. The practice was committed to their involvement in teaching, training and empowering their staff to develop their skills.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through patient surveys, comments and complaints received. The practice had an active patient participation group (PPG) who met on a quarterly basis. They had been proactive in reviewing patient survey results and in other areas such as reviewing the font size on leaflets. Patient feedback was regularly acted upon. For example, a comment was received that although the first appointment time was 8:30am the practice did not open its doors until 8:30am meaning that patients had to wait outside if they were early for their appointment. As a result the practice now opens its waiting room at 8:00am.

There were three patient reviews of the main practice on the NHS Choices website resulting in a rating of three (out of five) stars. Of the three reviews, which were posted between April 2010 and October 2014, two were very positive. The negative review posted in August 2014 was in relation to issues regarding confidentiality at the branch surgery reception desk. The branch surgery itself had attracted 13 reviews and a rating of 2.5 (out of five) stars on the same website. Of these 13 reviews dated between August 2010 and August 2015 six were positive and seven

Are services well-led?

Good 

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

negative. Negative comments related to staff attitude, staff turnover and delays in getting an appointment and a repeat prescription. The practice had viewed and responded appropriately to all of the reviews.

The practice gathered feedback from staff through staff meetings and on a more informal day to day basis. Staff we spoke with told us they regularly attended staff meetings and felt these provided them with the opportunity to discuss the service being delivered, feedback from patients

and raise any concerns they had. They said 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 in the practice which they said helped to improve outcomes for both staff and patients.

A whistle blowing policy was in place which was available to all staff electronically on any computer within the practice. Staff we spoke with were aware of the policy, how to access it and said they would not hesitate to raise any concerns they had.