

# Alma Medical Centre

## Quality Report

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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 Alma Medical Practice on 13 July 2016. 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 assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, chaperone training for the nurses and health care assistant was yet to be arranged.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Provide appropriate staff with chaperone training.
- Review how patients who are also carers are identified to ensure they receive appropriate support.

# Summary of findings

- Review the implementation of a patient participation group to improve feedback from patients on how services are delivered.

**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.

- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, including safeguarding patients from the risk of infection.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, we noted that some staff had not received chaperone training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We noted that only a small percentage of the practice population had been identified as carers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Preventative advice for patients was available, as well as working with five local nursing homes to provide continuity of care, including a named GP. A practice nurse had also been employed to provide outreach care for vulnerable patients, including the elderly and those with a learning difficulty or dementia. This was also reflected in the appointment system, whereby open access GP clinics were offered before 10.30am Monday to Friday, which was meeting the needs of the practice's working population and parents with children who were unwell.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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.

# Summary of findings

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. Despite regular and ongoing attempts to introduce a patient participation group, this had not proved successful, although the patients we spoke to felt very much in tune with what was going on in the practice. We also saw that surveys had been carried out to enable the practice to better understand their patient's needs, the most recent of which had been conducted during December 2015 and January 2016.
- There was a strong focus on continuous learning and improvement at all levels.

# 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 its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Care plans and health checks were in place, with regular medicine reviews carried out.
- The building was accessible for patients who may have mobility problems.
- Patients with complex needs were discussed at multi-disciplinary team meetings, to ensure their needs were met.
- Referrals to other services were regularly made, for example, district nursing or the community matron service.
- The practice identified carers and offered services such as health checks and annual flu vaccinations.
- The practice introduced a named GP service for five nursing homes where it was felt regular GP input would be most beneficial. This had resulted in excellent relationships being developed with the respective care teams, promoting continuity of care and a single point of contact for all prescribing and management decisions. The practice showed that this had resulted in an increase of patients to their list from within these homes and as such, gave them an increased proportion of patients in care beyond the CCG average.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average.
- Longer appointments and home visits were available when needed.

# Summary of findings

- All these patients had a named GP and 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.
- There was an emphasis on educating and informing patients about how to look after themselves in order to maintain good health.
- Regular palliative care meetings were held to discuss patients with cancer and long term chronic conditions.

## Families, children and young people

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

- Immunisation rates were comparable to CCG and national averages for all standard childhood immunisations.
- 84% of patients with asthma, on the practice register, had had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 routine clinical practice (RCP) questions. This compared to a national average of 75%.
- 76% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This compared to a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a dedicated child and adult safeguarding lead. Safeguarding training had been provided for practice staff.
- Childhood immunisations were undertaken and strongly encouraged by GPs when carrying out six-week checks on babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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).

- 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. The practice provided healthcare for the University of Durham Queens campus, meaning they took an active role in the health of the local student population.

Good





# Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Practice nurse and health care assistant appointments were available from 9am, with a limited number of emergency appointments available on a daily basis.
- Routine GP appointments were available to pre-book from 8.30am.
- NHS health checks were routinely encouraged.
- The practice was open from 8.30am to 6pm, with telephone lines opening at 8pm. This meant patients could collect prescriptions or book appointments during their lunch hour.

## People whose circumstances may make them vulnerable

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

Good



- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

Good



- 92% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG average of 87% and the national average of 84%.
- 96% of patients with schizophrenia, bipolar effective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This is comparable to the CCG average of 94% and higher than the national average of 88%. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

# Summary of findings

- The practice carried out advance care planning for patients with dementia. This included a dedicated practice nurse who was actively engaged in providing services such as an annual review of these patients and liaison with the lead GP to review medication and discuss other health concerns.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice provided a room once a week for a community psychiatric nurse. This meant that having this service on-site provided additional communication routes to discuss referrals with team members in advance, for the benefit of GPs and the patient.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 412 survey forms were distributed and 102 were returned. This represented 1% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were mostly positive about the standard of care received. Patients

considered the quality of care as excellent and described all staff as caring and professional. They also felt they were treated with privacy and dignity and told us the practice always felt clean and tidy. There were isolated comments relating to the time given for them to explain their illness, or occasional issues with trying to make an appointment. However the morning drop-in appointment system was well received.

We spoke with three patients during the inspection. All said they were satisfied with the care they received and thought staff were approachable, committed and caring. In addition, we distributed 10 patient questionnaires on the day of our inspection, all of which were returned. These generally were very appreciative of the standard of care offered.

The practice invited patients to complete the NHS Friends and Family test (FFT). The FFT gives each patient the opportunity to provide feedback on the quality of care they received. We looked at the results for 2015. These indicated that patients were "extremely likely" to recommend the practice to their friends and family.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Provide appropriate staff with chaperone training.
- Review how patients who are also carers are identified to ensure they receive appropriate support.

- Review the implementation of a patient participation group to improve feedback from patients on how services are delivered.

# Alma Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

## Background to Alma Medical Centre

Alma Medical Practice is located in Stockton-on-Tees, Cleveland. The practice is located within easy reach of the town centre and occupies a modern purpose built building. There are 10,612 patients registered with the practice. Parking is available on-site and on roads surrounding the practice. Disabled facilities are provided.

The practice is part of NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group and provides services under a General Medical Services contract with NHS England.

There are six GPs working at the practice, three male and three female. Five are partners and the other is a salaried GP. There are two permanent practice nurses and one providing temporary cover, and one health care assistant. The practice nurses are part-time and the health care assistant is full-time. There is a full-time practice manager and a team of administrative staff, including a part-time pharmacist. The practice also offers services to students based at the Queens campus of the University of Durham. This includes three lunchtime clinics per week, outside of lectures during term time, as well as access to all services within the practice.

The practice opening times are Monday to Friday 8.30 to 6pm. The practice appointment times are:

Monday to Friday 8.30am to 10.30am open access and 2pm to 5.20pm for general appointments.

Saturday morning surgeries have been suspended due to GP shortages, but will be reintroduced once a new GP partner has been recruited.

Patients requiring a GP outside of normal working hours are advised to call 111 and thereby access the out of hours service provided by Vocare.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 July 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, the practice pharmacist, two practice nurses, a health care assistant, a receptionist and an administrator and spoke with patients who used the service.

# Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence of safety alerts and significant events being discussed at both staff and clinical meetings, which showed that lessons were shared and action was taken to improve safety in the practice. For example, we saw that in recent meetings significant events had been discussed regarding an aggressive patient at reception and the death of a patient due to overdose. Clear summaries of the events were recorded, along with an action plan.

### 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, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. The HCA and three of the nurses were trained to level 2 and two nurses to level 3. We were unable to locate a notice in the waiting room advising patients that chaperones were available if required and the manager assured us this would be rectified immediately. We did however see that chaperone notices were displayed in each clinical room.

All staff who acted as chaperones were in the process of having training arranged for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The health care assistant was the infection control lead, supported by a practice nurse. 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.
- 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). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice employed a part-time pharmacist/prescriber whose role was to review all hospital discharge letters to assess medication changes and the potential impacts this may have in terms of health, systems or the need for monitoring. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines

## Are services safe?

in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### 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. The practice had up to date fire risk assessments and carried out regular fire drills. 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, lone working 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 enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had adequate 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 which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

We looked at the prescribing of hypnotic drugs for the period between 1 July 2014 and 30 June 2015. The GPs told us this was a long standing problem and related to the high use of these drugs by dementia patients in care homes. There were also a higher number of patients with mental health issues than other practices in their area. There were also a number of older patients who had long established regimes, which were being maintained rather than increased. The GPs had decided that no new hypnotic drugs would be issued and were recommending other courses of action for those patients. The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.4% of the total number of points available. We looked at the higher than average exception reporting for diabetes, cervical screening and asthma. (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). We were told by the GPs that work had been carried out in all three areas to decide how results could be improved. It was felt in respect of dementia patients with diabetes that the target was too low. Those who were not attending were sent three reminder letters, before the practice used a number of other methods to encourage patient attendance. These

included speaking to the patient when they called the practice or when they collected a prescription. Records were also being tagged when a patient attended for a routine appointment. Repeat prescriptions were also being checked. In addition, a practice nurse was carrying out dementia checks in the care homes, where those with diabetes would be monitored.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1/04/2014 to 31/03/2015 showed:

Performance for hypertension related indicators was better than the national and CCG average. For example, 91% of patients with hypertension had a blood pressure reading measured in the preceding 12 months of 150/90mmHg or less, compared to a CCG average of 86% and a national average of 84%.

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients on the register, in whom the last blood pressure reading was measured 140/80 mmHg or less was 84% compared to a CCG average of 81% and a national average of 78%.
- Performance for mental health related indicators was similar to the national average. For example, 96% of patients with mental health conditions had their smoking status recorded in the preceding 12 months. This compared to a CCG average of 96% and a national average of 94%.

There was evidence of quality improvement including clinical audit.

- We looked at 11 clinical audits completed in the last two years. Two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, a blood pressure audit looking at the treatment of hypertension had recommended the use of a regionally adopted hypertension template for recording blood pressures on hypertensive patients and to use blood pressure recall in for in-target blood pressures. Another audit on minor surgery had recommended training for the GP regarding use of the minor surgery template and the issuing of a prescription indicating analgesia used during the procedure.

### Effective staffing



# Are services effective?

## (for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs. These meetings took place every six weeks and included district nurses, community matrons and the Macmillan nurse team. In addition, space had been identified for the district nursing team to hold their daily meeting within the surgery twice a week, to improve communication.

### 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.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and mental health. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 67%, which was low compared to the CCG average of 75% and the national average of 74%. We were assured the GPs were aware of this rate and were actively looking at ways of improving attendance levels. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

# Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems 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.

Screening ratios for both these types of screening were low compared to CCG and national averages. For example, 63% of females aged 50-70 were screened for breast cancer in the last 36 months, compared to a CCG average of 71% and a national average of 72%.

62% of females aged 50-70 were screened for breast cancer within six months of invitation compared to a CCG average of 73% and a national average of 73%.

45% of patients aged 60-69 were screened for bowel cancer in the last 30 months, compared to a CCG average of 58% and a national average of 53% and 40% of patients aged 60-69 were screened for bowel cancer within 6 months of invitation, compared with a CCG average of 55% and a national average of 55%.

We discussed these with the GPs and this was thought to be attributable to patient behaviour, particularly for bowel cancer. However, the practice was active in their efforts to improve these figures, by regularly referring to the need for regular screening in consultations and receptionists were also prompting patients at every opportunity

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 94% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Of the 46 patient Care Quality Commission comment cards we received, most 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 spoke with three patients, who told us they were very 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 similar or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

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

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 better than local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We did not see a notice in the reception areas informing patients this service was available, however the manager assured us this would be addressed straightaway.
- Information leaflets were available in easy read format.
- Facilities were available for assistance dogs to accompany patients when visiting the practice, including those who might be visually impaired.

In addition, the practice had conducted a survey during December 2015 and January 2016 asking their patients a

## Are services caring?

series of questions including: how far in advance they would like to book an appointment; were they able to book an appointment when they need one; were they aware of the online booking system and whether they were aware they could book a telephone consultation with a GP. The overall satisfaction rating was that 94% of respondents were fairly or very satisfied with their overall care from the practice.

The practice also followed this up with an action plan which included: staff telephoning patients to remind them of their nurse appointment; text reminders to patients the day before their appointment and promoting the online appointment booking system. This exercise was to be repeated at the end of 2016.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. We did however notice that no information was displayed regarding interpreter services; bereavement support and chaperones. The manager agreed to rectify this straightaway.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 patients as carers (0.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

# 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 its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations.
- There were disabled facilities and translation services available. The hearing loop in reception had been damaged and the manager was considering how this could be replaced.
- The practice routinely offered longer appointments to patients with complex needs, for example, those living with dementia, or a learning disability.

### Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Open access appointments were from 8.30am to 10.30am every morning and general appointments from 2pm to 5.20pm daily. Unfortunately, due to GP recruitment issues, the Saturday morning clinic had been suspended. However, it was the practice's intention to reintroduce these, or the option of an evening surgery, once a new GP had been recruited. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for people that needed them on the day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than national averages.

- 87% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 82% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

In addition, a daily duty doctor system was in place in addition to the appointment system. Any patient requesting a telephone assessment with a GP would be given a slot the same day. This allowed for clinical triage, as well as offering means of speaking with a GP to discuss care or concerns without the need for a face-to-face consultation.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and an explanatory poster was displayed in the main waiting area.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, and dealt with in a timely way. There was also an openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had an up-to-date statement of purpose.
- The practice had a business development plan which reflected the vision and values and were regularly monitored. This plan included dealing with the unexpected loss of a GP partner and gearing the practice to deal with changes in clinical need.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

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

- Staff told us the practice held regular team meetings and we saw evidence of these at GP level and the nursing team through to the reception and administrative staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Despite several attempts, including a virtual group, and information on the role of the Patient Participation Group (PPG) being displayed in reception, the practice did not currently have an active PPG.

However, 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 surveys and complaints received.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

# Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice.

- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.
- The practice manager attended regular meetings with the Clinical Commissioning Group (CCG), so they were fully informed of health care developments in the local area.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team to secure improvements to services where these were identified.
- The practice had been proactive in setting up a process whereby a practice nurse worked closely with five local care homes to provide strong support for their patient's health needs.