

Drs Zaidi & Partner, East Wing Practice

Quality Report

The Palmer Community Hospital
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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 Drs Zaidi & Partner, East Wing Practice on 4 August 2016. The practice is registered with the CQC as Drs Zaidi & Partner, East Wing Practice. However, as there is more than two people on the partnership they are known as Dr Zaidi & Partners, East Wing Practice. Overall, the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Lessons were learned when incidents and near misses occurred.
- Risks to patients were assessed and well managed.
- 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.
- Most 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.
- Extended hours appointments were available from 6:30pm to 7:30pm, rotating between a Monday, Tuesday and Wednesday with a GP and a nurse or healthcare assistant available.
- 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 regulation.

There was one area of practice where the provider needs to make improvements.

Summary of findings

The provider should:

- Review the arrangements in place for those patients who wish to see a female GP.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes and prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, there was an effective safety alert system and safeguarding leads were in place.
- Good infection control arrangements were in place and the practice was clean and hygienic. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- We found that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed patient outcomes were above average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 96.9% of the points available in 2014/2015. This was 2.5% above the local average and 2.1% above the national average. For 14 of the 19 clinical domains within QOF, the practice had achieved 100% of the points available.
- Quality improvement work was taking place, including clinical audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that how patients rated the practice comparable to others for several aspects of care. For example, results from the National GP Patient Survey, published in July 2016, showed that 95% of respondents had confidence and trust in their GP (CCG average 96%, national average 95%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw a strong patient-centred culture.
- Information for patients about the services offered by the practice was available. For example, they provided this information on the practice's website and patient leaflet.
- The practice had close links to local and national support organisations and referred patients when appropriate.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- Most 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.
- Data from the National GP Patient Survey, published in July 2016, showed that patients rated the practice lower than average for access to care and treatment. For example, of those that responded 60% found it easy to get through to the practice by phone (CCG average 79%, national average 73%) and 65% described their experience of making an appointment as good (CCG average 77%, national average 73%). They had adapted the system so that calls from patients could be answered easily by any non-clinical member of staff.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Specialist clinics and support services were available for patients.
- Information about how to complain was available, for example on the practice website and in the waiting area.

Good



Are services well-led?

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

Good



Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in their population. All patients over the age of 75 had a named GP and patients over the age of 75 were offered an annual health check. The practice worked to reduce the unplanned hospital admissions for patients over the age of 75.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were generally in line with local and national averages. For example, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was 1.1% above the local clinical commissioning group (CCG) average and 2.1% above the national average.
- The practice maintained a palliative care register and offered immunisations for shingles and pneumonia to older people.

People with long term conditions

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

Good



- One of the GPs and one of the practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and support by the practice, comprehensive care plans were in place and regularly reviewed.
- Nationally reported data showed that outcomes for patients with conditions commonly found in this population group were generally in line with local and national averages. For example, the practice had achieved 86.9% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was 3% below the local CCG average and 2.3% below the national average.
- Home visits were available when needed. Longer appointments were available if requested.
- All patients with a long-term condition had a named GP and were offered a structured annual review to check their health

Summary of findings

and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant healthcare professionals to deliver a multidisciplinary package of care. The practice held weekly meetings where the management of long-term conditions was discussed.

- The practice held regular clinics for long term conditions, for example for patients with diabetes.

Families, children and young people

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

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were arrangements for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 78.3% to 100% (CCG average 84.9% to 99.4%) and for five year olds ranged from 95.9% to 100% (CCG average 91.5% to 100%).
- Urgent appointments for children were available on the same day.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.
- Nationally reported data showed that outcomes for patients with asthma were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 2.6% above the local CCG and national average.
- The practice provided contraceptive and sexual health advice.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could order repeat prescriptions and routine healthcare appointments online. A 24-hour repeat prescription line was available so patients could order repeat prescription at a time that was convenient for them.
- Ad hoc telephone appointments were available.
- A text message reminder service was available.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- The practice's uptake for cervical screening was 91.3%, compared to the CCG average of 81.9% and the national average of 81.8%.
- Additional services such as new patient health checks, travel vaccinations and minor surgery were provided.
- The practice website provided a good range of health promotion advice and information.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability; patients with learning disabilities had been invited to the practice for an annual health check. Twenty patients were on this register, 35% had an annual review and 40% had an influenza vaccination (2015/2016 data, which had not yet been verified or published). The practice had a vulnerable adults policy that was regularly reviewed.
- Nationally reported data showed that outcomes for patients with a learning disability were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with a learning disability. This was the same as the local CCG average and 0.2% above the national average.
- The practice offered longer appointments for patients with a learning disability if requested.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- The practice had identified 1% of their population with enduring mental health conditions on a patient register to enable them to plan and deliver relevant services. Forty-one patients were on this register, 78% of those has an annual review, 34% had an influenza vaccination (2015/2016 data, which is yet to be verified or published).
- Nationally reported data showed that outcomes for patients with mental health conditions were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 6.8% above the local CCG average and 7.2% above the national average.
- Nationally reported data showed that outcomes for patients with dementia were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was 4.8% above the local CCG average and 5.5% above the national average. 87% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which was above the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Good



Summary of findings

- The practice actively screens patients with long-term condition for dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing in line or below the local and national averages in some areas. There were 279 forms sent out and 113 were returned. This is a response rate of 41% and represented 3% of the practice's patient list.

- 60% found it easy to get through to this surgery by phone (CCG average 79%, national average of 73%).
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 86% described the overall experience of their GP surgery as good (CCG average 88%, national average 85%).
- 76% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).
- 94% found the receptionists at this surgery helpful (CCG average 89%, national average of 87%).
- 90% said the last appointment they got was very convenient (CCG average 94%, national average 92%).

- 65% described their experience of making an appointment as good (CCG average 77%, national average of 73%).
- 77% usually waited 15 minutes or less after their appointment time to be seen (CCG average 74%, national average 65%).

We reviewed 42 CQC comment cards that patients had completed. All of these were positive about the standard of care received; many of the cards very positive about the staff at the practice, they were described as very friendly and helpful. Words used include very good, caring; several comments mentioned that the clinical staff listened to their concerns.

We spoke with one patient during the inspection; this patient was a member of the patient participation group. They said they were happy with the care they received. They said they thought the staff involved them in their care, explained tests and treatment to them. They thought the practice was clean and they said that urgent appointments were always available.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the arrangements in place for those patients who wish to see a female GP.

Drs Zaidi & Partner, East Wing Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP specialist advisor and a second CQC inspector.

Background to Drs Zaidi & Partner, East Wing Practice

Drs Zaidi & Partner, East Wing Practice is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 4,000 patients from one location: The Palmer Community Hospital, Wear Street, Jarrow, Tyne and Wear, NE32 3UX. We visited this address as part of the inspection.

Drs Zaidi & Partner, East Wing Practice is situated in purpose-built premises, which also accommodates another GP practice and several community services. The practice is based on the first floor; access is via a lift or stairs. All reception and consultation rooms are fully accessible for patients with mobility issues. An onsite car park is available which included dedicated disabled parking bays.

The practice has three GP partners (all male). There were no arrangements in place for patients to be able to see a female GP if they wanted to. The practice employs a practice manager, an assistant practice manager, a nurse

practitioner, a practice nurse, a health care assistant and six staff who undertake reception and administrative duties. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

Drs Zaidi & Partner, East Wing Practice is open at the following times:

- Monday to Friday 8:30am to 1pm and 1:30pm to 6pm.

The telephones are answered by the practice between 8:30am and 6pm, and till 7:30pm on days when extended appointments are offered. When the practice is closed patients are directed to the NHS 111 service. This information is also available on the practices' website and in the practice leaflet.

Appointments are available at Drs Zaidi & Partner, East Wing Practice at the following times:

- Monday 8:30am to 12:30pm and 1:30pm to 5:30pm
- Tuesday 8:30am to 12:30pm and 1:30pm to 5:30pm
- Wednesday 9am to 12:30pm and 1:30pm to 6pm
- Thursday 8:30am to 12:30pm and 1:30pm to 5:30pm
- Friday 8:30am to 12:30pm and 1:30pm to 6pm

Extended hours appointments are available from 6:30pm to 7:30pm, rotating between a Monday, Tuesday and Wednesday. Appointments are available with a GP and a nurse or healthcare assistant.

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

Detailed findings

services. Average male life expectancy at the practice is 76 years compared to the national average of 79 years. Average female life expectancy at the practice is 80 years compared to the national average of 83 years.

The proportion of patients with a long-standing health condition is above average (64% compared to the national average of 54%). The proportion of patients who are in paid work or full-time employment or education is below average (56.4% compared to the national average of 61.5%). The proportion of patients who are unemployed is below average (2.7% compared to the national average of 5.4%).

The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare, which is locally known as Northern Doctors Urgent Care Limited.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 August 2016.

During our visit we:

- Reviewed information available to us from other organisations, such as NHS England. Reviewed information from the CQC intelligent monitoring systems.
- Spoke to staff and patients. This included two GPs, the practice manager, a nurse, the healthcare assistant and one member of the reception team. We spoke with one patient who used the service who was a member of the patient participation group (PPG).
- Looked at documents and information about how the practice was managed and operated.
- Reviewed patient survey information, including the National GP Patient Survey of the practice.
- Reviewed a sample of the practice's policies and procedures.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available for staff to use to document these. The incident recording form supported the recording of notifiable incidents under the duty of candour regulation. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written or verbal apology and were told about any actions to improve processes to prevent the same thing happening again. For example, following a significant event where a prescription was issued late to a patient the practice updated their procedures to ensure this did not happen again.
- The practice carried out a thorough analysis of the significant events. We reviewed the forms and log used to record significant events. These recorded the event and any actions taken by the practice to reduce the risk of the event reoccurring. The practice shared details and learning from significant events with the patient participation group (PPG) where appropriate.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS) when appropriate.
- The practice had an effective system for reviewing and acting on safely alerts received.

Overview of safety systems and processes

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

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

safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in children's safeguarding.

- Notices in the clinical rooms advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw that the premises were clean and tidy. The nurse practitioner was the infection control lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. We saw that infection control and hand washing audits were undertaken. Staff assured us that they took action to address any issues raised. However, the infection control lead had not yet undertaken advanced training to support this role. The lead had reviewed the training required for the role and was aware that this advanced training needed to be arranged as soon as possible.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed two 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 DBS checks.

Are services safe?

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster, which identified local health and safety representatives. The practice had 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice regularly reviewed the staffing needs of the practice.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recent published results showed the practice had achieved 96.9% of the total number of QOF points available compared to the local clinical commissioning group (CCG) average of 94.4% and the national average of 94.8%. At 8.7%, their clinical exception-reporting rate was 0.8% below the local CCG average and 0.5% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/2015 showed;

- Performance for the diabetes related indicators was below average (86.9% compared to the national average of 89.2%).
- Performance for the mental health related indicators was above average (100% compared to the national average of 92.8%).
- Performance for the heart failure related indicators was above average (100% compared to the national average of 97.9%).
- Performance for the dementia related indicators was above average (100% compared to the national average of 94.5%). The practice performed well in other areas.

For example, the practice had achieved 100% of the points available for 14 of the 19 clinical domains, including the learning disability, cancer and rheumatoid arthritis domains.

The practice had recently taken action to improve the outcomes of patient with diabetes, complex patients and those who were not able to control their diabetes were now being reviewed by the GP who was the practice GP lead for chronic disease management.

There was evidence of quality improvement including clinical audit.

- The practice demonstrated that they had carried out clinical audit activity to help improve patient outcomes. We saw evidence of seven two-cycle audits, including one that looked at two-week referrals for suspected cancer and how these patients presented with symptoms at the practice. The audit led to a change in the number of investigations carried out prior to referral and an increased referral rate. We also saw evidence of a number of other audits that were linked to improving patient outcomes.
- The practice provided a minor surgery service for their own patients and patients in the wider locality; they monitored the quality of this service. A patient satisfaction survey was given to all patients who used this service; the practice was able to show us data that confirmed that patients were satisfied with the clinical care they received. The practice ensured patients gave written consent for minor surgery procedures.
- The practice participated in clinical commissioning group (CCG) medicines optimisation and quality in prescribing schemes to improve patient outcomes and provide cost effective care.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff, including locum GPs. It covered such topics as safeguarding, fire safety, health and safety and confidentiality. The current checklist did not include infection prevention and control. We discussed this with the practice and they told us that they would review this process. The practice had a system in place to ensure that newly appointed members of staff could

Are services effective?

(for example, treatment is effective)

demonstrate their clinical competence. Staff were required to read relevant surgery protocols on induction and when appraised. For example, on confidentiality and vulnerable adults.

- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by having access to on line resources and discussion at practice meetings.
- Staff received training which included: safeguarding, basic life support and information governance and equality and diversity. Staff had access to and made use of e-learning training modules, in-house training and external training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw that staff training needs were monitored Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

- This included risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred or, after they were discharged from hospital.

- We saw evidence that multi-disciplinary team (MDT) meetings took place each week. These meetings discussed vulnerable patients and focused on providing effective support and the reduction of hospital admission for these patients.
- Bi-monthly integrated care meetings had been introduced as part of a local CCG project; this meeting included attached staff such as district nurses and the community matron. At these meetings, patients were discussed and comprehensive care plans were developed. These meetings ensured patients received coordinated care to help them avoid admission to hospital. High risk patients (and their families/carers when appropriate) were encouraged to be involved in developing their care plans and were given a paper copy to keep. Emergency Health Care Plans (EHCPs) were developed when appropriate. This meeting included the regular palliative care meeting.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- This included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice provided in house smoking cessation advice and support. This service was provided by the nurse practitioner and the health care assistant.
- Information such as NHS patient information leaflets was also available.

Are services effective?

(for example, treatment is effective)

- The practice's website provided a good range of health information and details of support services available for patients.

The practice's uptake for the cervical screening programme was 91.3%, which was above the local average of 81.9% and national average of 81.8%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood

immunisation rates for the vaccinations given to under two years old ranged from 78.3% to 100% (CCG average 84.9% to 99.4%). For five year olds rates ranged from 95.9% to 100% (CCG average 96% to 100%). The practice worked to encourage uptake of screening and immunisation programmes with the patients at the practice.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- On the day of the inspection, we saw that staff were caring and that they treated the patients with respect.

We reviewed 42 Care Quality Commission comment cards completed by patients. Most of these were very positive about the care and service experienced. Several said the care provided was very good and that the staff at the practice were supportive.

Results from the National GP Patient Survey, published in July 2016, showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect.

- 95% said they had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%).
- 90% said the GP they saw or spoke to was good at listening to them (clinical commissioning group (CCG) average 91%, national average 89%).
- 89% said the GP they saw or spoke to gave them enough time (CCG average 89%, national average 87%).
- 86% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 96% had confidence or trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).
- 89% said the last nurse they saw or spoke to was good at listening to them (CCG average 92%, national average 91%).

The practice gathered patients' views on the service through the national friends and family test (FFT). (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to

improve services. It is a continuous feedback loop between patients and practices). Data from the most recent Friends and Family Survey carried out by the practice, from October 2015 to December 2015, showed that 88% of patients said they would be extremely likely or likely to recommend the service to family and friends. Only 1% of patients would be unlikely to recommend the service to family and friends.

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey, published in July 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.

For example:

- 88% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%).
- 93% said the last nurse they saw was good at explaining tests and treatments (CCG average 92%, national average 90%).
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A portable hearing loop was available for patients who were hard of hearing. This could be used in reception area or during consultations.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The

Are services caring?

practice website also provided a range of health advice and information. The waiting area had an information area dedicated to carers that provided a good range of advice and information for patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had links to support organisations and referred patients when appropriate. The practice had identified 66 of their patients as being a carer (1.6% of the practice patient population). 74% of carers on this register had an influenza immunisation completed in the last year

(2015/2016 data, which had not yet been verified or published). When we inspected the practice carers health checks were not being offered. The practice told us that they had identified the need to improve the support they offered carers and were considering offering these checks in the future.

Staff told us that if families had suffered bereavement, the practice contacted them or sent them a sympathy card, the practice would offer support in line with the patient's wishes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

The practice was aware of the needs of their practice population and provided services that reflected their needs. We found that:

- The practice was completing work to improve the outcomes for patients with chronic kidney disease as part of a CCG initiative. The IMPAKT tool (IMPAKT is a tool which analyses practice data) had been used to identify patients with potential chronic kidney disease; the nurse practitioner reviewed the clinical records of each patient identified. At the start of the initiative, the practice only had 35 patients on their chronic kidney disease register. The IMPAKT tool identified 169 patients with a positive indication of chronic kidney disease and a further 160 who could potentially have this disease. So far 46 patients have been reviewed by the nurse practitioner and 27 have been identified as a new diagnosis and added the chronic disease register. These patients will then be offered regular clinical care in line with national guidance. The practice is working to complete the rest of the reviews required either by scheduled appointment or at the next appropriate annual review for patients with a pre-existing long-term condition.
- When a patient had more than one health condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- The practice held regular clinics. For example, for patients diagnosed with diabetes, coronary heart disease and to provide childhood immunisations.
- There were longer appointments available for patients with a learning disability, patients with long term conditions and those requiring the use of an interpreter when requested.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. Patients told us that urgent appointments were available when required.
- Extended hours appointments were available from 6:30pm to 7:30pm, rotating between a Monday, Tuesday and Wednesday with a GP or a nurse available.
- Patients were able to receive travel vaccinations that were available on the NHS.
- Smoking cessation support and dietary advice was provided by the practice.
- There were disabled facilities, a portable hearing loop and translation services were available.
- Patients could order repeat prescriptions and book GP appointments on-line.
- A 24-hour repeat prescription line was available so patients could order repeat prescription at a time that was convenient for them.
- A text message service was available to remind patients when they had an appointment.
- A regular practice newsletter was produced that provided information on the services available and any changes at the practice.
- The practice provided contraceptive services and sexual health advice to patients.
- The practice offered a minor surgery service for patients of other practices in the locality.
- A cryotherapy service was provided at the practice. Cryotherapy is a treatment offered to patients which uses extreme cold to freeze and destroy cells. This is generally used in the surgery for the treatment of warts or verruca's.
- The nurse practitioner held a regular well woman clinic and provided care and treatment for minor ailments.

However, we did not see any evidence of any arrangements for patients to be able to see a female GP if they wanted to.

Access to the service

The practice was open at the following times:

- Monday to Friday 8:30am to 1pm and 1:30pm to 6pm.

Appointments were available at the practice at the following times:

- Monday 8:30am to 12:30pm and 1:30pm to 5:30pm
- Tuesday 8:30am to 12:30pm and 1:30pm to 5:30pm
- Wednesday 9am to 12:30pm and 1:30pm to 6pm
- Thursday 8:30am to 12:30pm and 1:30pm to 5:30pm

Are services responsive to people's needs?

(for example, to feedback?)

- Friday 8:30am to 12:30pm and 1:30pm to 6pm

Extended hours appointments were available from 6:30pm to 7:30pm, rotating between a Monday, Tuesday and Wednesday with a GP and a nurse or healthcare assistant.

Results from the National GP Patient Survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was generally below local and national averages.

- 83% of patients were satisfied with the practice's opening hours (CCG average 81%, national average of 76%).
- 60% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 84% patients said they able to get an appointment or speak to someone last time they tried (CCG and national average 85%).
- 60% feel they normally don't have to wait too long to be seen (CCG average 67%, national average 58%).
- 65% describe their experience of making an appointment as good (CCG average 77%, national average 73%).

The practice was unable to extend their opening hours due to restrictions in place on opening times of the building that they were based in. They told us that they were aware of the difficulties patients faced in contacting the practice by telephone; however, they were unable to update or make major changes to the telephone system in place at the practice as it was part of system used by the whole building. The practice encouraged patients to book appointments and request repeat prescriptions on line to reduce the demand for telephone access. They had also adapted the system so that calls from patients could be answered easily by any non-clinical member of staff to reduce the time it took the practice to answer telephone calls from patients.

The practice had reviewed the outcome of the National GP Patient survey that was published in January 2016. They had recently created an action plan that included enabling the practice manager to pick up telephone calls when required. They were considering if a change to practice staffing hours was required.

Most patients told us 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.

This was done by gathering information from the patient when they called to request an urgent appointment. A GP reviewed all relevant information and ensured an appointment was allocated when needed.

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

We also spoke with one patient during the inspection who was a member of the patient participation group. They told us that urgent appointments were available when required but they were aware that some patients found it difficult to make a routine appointment in a timely manner. On the day of the inspection, there was a routine appointment with a nurse available on the same day. A routine GP appointment was available the following day for patients who called that day.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice; GPs provided clinical oversight when required.
- We saw that information was available to help patients understand the complaints system. Information was on display in the reception area and in the practice leaflet and on the practice website.
- An online contact form was available on the practice website, the practice manager responded to these forms.

We looked at two of the four complaints received in the last 12 months and found that these were dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice updated their procedures following the accidental disclosure of patient identifiable data.

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 aims and objectives included 'to provide a high standard of medical care with services that are easy to access and to 'treat all patients and staff with dignity and respect. Staff were aware of the practice's aims and objectives and on the day of the inspection we saw that a strong patient centred culture.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs, nurses and the practice management team held lead roles in key areas, for example safeguarding and chronic disease management. The management of the practice had a comprehensive understanding of the performance of the practice
- Practice specific policies were implemented and were available to all staff
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

On the day of the 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.

The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

- The practice held regular meetings. For example, the practice met with the local health visitor each quarter and a monthly partners meeting was held. However, there was no regular meeting that involved the whole clinical team.
- Practice specific policies were implemented and these were easily accessible to staff. Policies were regularly reviewed and updated.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported by the partners, the practice manager, and their own teams. During the inspection we saw that staff and the management of the practice had strong working relationships.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, a formal risk register was not in place.

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

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

- Their patient participation group (PPG), surveys and complaints received. The group met regularly, and had terms of reference in place. The PPG were actively consulted on possible changes at the practice and they responded to issues raised by the group. The practice shared the issues raised when complaints were made when this was possible. The PPG told us that the practice was always open and honest with them. Information on the PPG was displayed in the waiting area and on the practice website. The group agreed a plan of action for 2015/2016 and worked with the practice on these priorities, for example to promote online access.
- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

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 was planning effectively for changes at the practice.

For example:

- The practice was completing work to improve the outcomes for patients with chronic kidney disease as

part of a CCG initiative. The IMPAKT tool (IMPAKT is a tool which analyses practice data) had been used to identify patients with potential chronic kidney disease. The practice was using this data to ensure patients were offered regular clinical care in line with national guidance when appropriate.