

Rickleton Medical Centre

Quality Report

Rickleton Medical Centre, Office Row, Rickleton,
Washington, Tyne and Wear, NE38 9EH

Tel: 0191 415 0576

Website: www.rickletonmedicalcentre.nhs.uk

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rickleton Medical Centre on 17 May 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.
- Most 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.
- There was a programme of clinical audit, but it was not clear how the practice used this to demonstrate quality improvement.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice encouraged patient feedback, including complaints. 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 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.

We saw one area of outstanding practice:

- The practice led on a locality initiative to improve the information available to parents to help them access the right support for their ill child. This won the

Summary of findings

national General Practice Award for clinical team of the year for paediatrics in 2015. The initiative included holding a fun day, educational sessions for parents and producing a children's leaflet. Analysis of parental knowledge about what conditions could be treated at home, prior to and following education sessions, demonstrated a 29% increase in understanding (from 67% to 96%).

The areas where the provider should make improvements are:

- Consider how they review incidents and significant events over a period of time to increase learning related to any trends and themes.
- Improve the approach to audit to ensure standards are clearly defined, and there is a clear link between audits and improvement in the quality of the service.

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. However, there was no process in place to review incidents over a period of time to identify trends and themes.
- 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. In 2014/15 the practice had achieved 95.5% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. Within this, 16 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was a programme of clinical audit, but it was not clear how the practice used this to demonstrate quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, there were some areas, such as health and safety and fire safety, where staff had not received recent updates.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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.
- 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.
- The practice encouraged patient feedback, including complaints. Evidence showed the practice responded quickly to issues raised.

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. However, there were some areas where the practice assurance arrangements were not as effective. This included clinical audit and significant events analysis.

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 sought feedback from staff and patients, which it acted on. The practice had tried to establish a patient participation, but had not attracted interest. In the meanwhile the practice continued to gather and analyse other sources of patient feedback to ensure they reflected the patient voice in improvement activity.

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

Good



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

- Staff provided proactive, personalised care, which met the needs of older patients. Patients aged 75 and over were allocated a named GP to help ensure their needs were met.
- Good arrangements had been made to meet the needs of 'end of life' patients. Staff held regular palliative care meetings with other healthcare professionals to review the needs of these patients and ensure they were met.
- The practice offered home visits and longer appointment times where these were needed by older patients.
- The practice was part of a local pilot scheme to improve outcomes for patients in the area, to deliver support to patients in care homes through local integrated teams.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group. For example, performance for heart failure related indicators was better than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 98.7% across the CCG and 97.9% national average.
- The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Effective systems were in place, which helped ensure patients with long-term conditions received an appropriate service, which met their needs. These patients all had a named GP and received an annual review to

Summary of findings

check that their needs were being met. For those people with the most complex needs, the named GP worked with other relevant health and care professionals to deliver a multidisciplinary package of care.

- Longer appointments and home visits were available when needed.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for some of the clinical conditions commonly associated with this population group. For example, performance for asthma related indicators was higher than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 97.1% across the CCG and 97.4% national average. For example, the percentage of patients on the asthma register who had an asthma review within the preceding 12 months that included an assessment of asthma control was 78.4%, this compared to a CCG average of 73.7% and a national average of 75.4%.
- Staff had completed the training they needed to provide patients with safe care.

Families, children and young people

Good



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. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The needs of all at-risk children were reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors. However, the arrangements for multi-disciplinary information sharing about safeguarding issues were informal and ad hoc.
- Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.2% to 100% and five year olds

Summary of findings

from 96.7% to 100%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 96.2% to 98.9% and five year olds from 31.6% to 98.9%.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Nationally reported data showed the practice had performed in line with average for providing recommended care and treatment for this group of patients. For example, the Quality and Outcomes Framework (QOF) data for 2014/15 showed the practice's uptake for the cervical screening programme was 90.4%, which was higher than the national average of 81.8% and the CCG average of 81.7%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice led on a locality initiative to improve the information available to parents to help them access the right support for their ill child. This won a General Practice Award for clinical team of the year for paediatrics in 2015.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- Nationally reported data showed the practice provided recommended care and treatment that was in line with or above national averages for this group of patients. For example, the percentage of patients with hypertension having regular blood pressure tests was above the national average. 86.5% of patients had a reading measured within the last nine months, compared to a CCG average of 83.7% and 83.7% nationally.

Summary of findings

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including patients with learning disabilities.
- Staff carried out annual health checks for patients who had a learning disability. The practice offered longer appointments for patients with a learning disability. The practice had made improvements following a visit by a local support agency for people with learning disabilities in October 2015.
- 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)

Good



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

- The practice had identified 0.5% of their population with enduring mental health conditions on a patient register to enable them to plan and deliver relevant services.
- The summary performance for mental health related indicators was lower than the CCG and national average. The practice achieved 88.5% of the points available. This compared to an average performance of 91.8% across the CCG and 92.8% national average. For the practice, 100% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a CCG average of 86.9% and a national average of 88.5%. Performance on QOF mental health was low because two indicators relating to lithium were at zero percent.

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- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review within the preceding 12 months was better than the national average at 100% (compared to a CCG average of 80.8% and a 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 had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- They 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 people with mental health needs and dementia. The practice carried out advance care planning for patients with dementia. The practice had made reasonable adjustments to the building to make it accessible to patients with dementia.

Summary of findings

What people who use the service say

The latest GP Patient Survey published in January 2016 showed the majority of patients were satisfied with their overall experience of the GP surgery (at 97.4%). This was higher than the local clinical commissioning group (CCG) average of 88.3% and the England average at 85.1%. There were 337 survey forms distributed for Rickleton Medical Centre and 123 forms were returned. This is a response rate of 36.5% and equated to 5.9% of the practice population.

Of those patients who responded:

- 94.4% stated they would recommend their GP Practice to someone who has just moved to the local area. This compared with a CCG average of 82.2% and a national average of 79.3%.
- 98.2% found it easy to get through to this surgery by phone. This compared with a CCG average of 79.2% and a national average of 73.3%.
- 100% found the receptionists at this surgery helpful. This compared with a CCG average of 89.6% and a national average of 86.8%.
- 93.8% were able to get an appointment to see or speak to someone the last time they tried. This compared with a CCG average of 76.6% and a national average of 76.1%.
- 98.6% said the last appointment they got was convenient. This compared with a CCG average of 93.8% and a national average of 91.8%.
- 97.4% described their experience of making an appointment as good. This compared with a CCG average of 76% and a national average of 73.3%.

- 96.9% felt they do not normally have to wait too long to be seen. This compared with a CCG average of 64.1% and a national average of 57.7%.

The practice told us they had been voted 46 out of 7,708 practice nationally as part of a national newspaper GP patient survey in 2015.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. Two cards although positive overall, included some areas where the patient thought the practice could improve, but there were no common themes between these two cards. Overall respondents used the words such as great, incredible and first class to describe the practice. They described staff as friendly, helpful and thorough and going above and beyond the expected.

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

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). In the month of April 2016, 113 patients completed the test, and 100% said they were 'likely' or 'extremely likely' to recommend the service to family and friends.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider how they review incidents and significant events over a period of time to increase learning related to any trends and themes.
- Improve the approach to audit to ensure standards are clearly defined, and there is a clear link between audits and improvement in the quality of the service.

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Outstanding practice

- The practice led on a locality initiative to improve the information available to parents to help them access the right support for their ill child. This won a national General Practice Award for clinical team of the year for paediatrics in 2015. The initiative included holding a fun day, educational sessions for

parents and producing a children's leaflet. Analysis of parental knowledge about what conditions could be treated at home, prior to and following education sessions, demonstrated a 29% increase in understanding (from 67% to 96%).

Rickleton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser.

Background to Rickleton Medical Centre

Rickleton Medical Centre are registered with the Care Quality Commission to provide primary care services.

The practice provides services to approximately just under 2,100 patients from one location, Rickleton Medical Centre, Office Row, Washington, Sunderland, NE38 9EH, which we visited as part of this inspection.

Rickleton Medical Centre is a small sized practice providing care and treatment to patients of all ages, based on a General Medical Services (GMS) contract agreement for general practice. The practice is part of the NHS Sunderland clinical commissioning group (CCG).

Information taken from Public Health England placed the area in which the practice was located in the fifth least deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 79 years, which is the same as the England average and the average female life expectancy is 82 years, which is one year lower than the England average.

The percentage of patients reporting with a long-standing health condition is slightly higher than the national average (practice population is 59.1% compared to a national average of 54.0%).

The practice has one lead GP (male) who owns the practice and a partner practice manager. There is also a practice nurse (female), a healthcare assistant / phlebotomist, three administrative support staff and a domestic staff member.

Surgery opening times are Monday, Tuesday, Thursday, Friday 8:30am to 6pm, and Wednesday 8:30am to 7:30pm. The phone lines are also open between these times. Appointments are available between the following times:

Monday 9:00am – 11am and 3pm - 5pm

Tuesday 9:00am – 11am and 3pm - 5pm

Wednesday 9:00am – 11am, 3pm - 5pm and 6:30pm to 7:30pm

Thursday 9:00am – 11am and 3pm - 5pm

Friday 9:00am – 11am and 3pm - 5pm

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited (NDUC).

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 May 2016. During our visit we:

- Spoke with a range of staff (the lead GP, the practice manager, the practice nurse, the phlebotomist / secretary and a member of the administrative team) and spoke with patients who used the service. We spoke with four members of the extended community healthcare team who were not employed by, but worked closely with the practice.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

- 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 an analysis of individual significant events. However, there was no process in place to review incidents over a period of time to identify trends and themes. We spoke with the lead GP and the practice manager about this. They recognised there was further potential to address learning from those areas where reoccurring incidents took place. They told us they would ensure this was considered going forward.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, during a hospital stay the consultant identified a patient who was newly registered with the practice was on too high a dose of a particular medicine. The GP discussed this and agreed with the hospital pharmacist to stop the lower dose medicine and to review the patient on discharge from hospital.

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. The GP and practice nurse were trained to child protection or child safeguarding level three. The arrangements for multi-disciplinary information sharing about safeguarding issues were informal and ad hoc. A defined process would provide greater assurance that information was appropriately shared in a timely way or that where there was no information to share; this was clearly identified and recorded.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were regular checks to ensure the practice was clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice had carried out an infection control audit in the last year. The practice nurse had joined the practice within the last six months, and it was anticipated another audit would be carried out shortly. The practice nurse told us about a number of improvements made recently. The practice manager told us the privacy curtains in consultation rooms were changed at least six monthly or more frequently if required. However, there was no evidence to demonstrate this took place.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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

Are services safe?

prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGD's 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 five 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 with a poster in the reception office which identified local health and safety representatives. 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. They had not carried out a legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in

buildings). However, the practice made arrangements during the day of the inspection, for a legionella test to be carried out, and provided evidence this was in progress.

- The practice had up to date fire risk assessments. However, the last fire drill carried out was in 2014.
- 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.

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 were 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 fit for use.
- 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 relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2014/15 showed the practice had achieved 95.5% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was slightly higher than the national average of 94.8% and slightly lower than the local clinical commissioning group (CCG) average of 95.7%.

This practice was not an outlier for any QOF (or other National) clinical targets.

At 14.1% their clinical exception rate was 3.3% higher than the local CCG average and 4.9% higher than the national average. The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. We discussed some examples of indicators, for example, relating to cancer and mental health conditions, which had a high percentage of exception reporting. The practice provided us with further information about exception reporting for these sets of indicators, for the year 2014-15 and the most recent data for 2015-16. This demonstrated low numbers were exception reported, but this translated into high percentage rates, due to the small practice patient list. We found overall, the practice operated an effective patient recall system, where staff was focussed on following patients up and contacting non-attenders.

Data from 2014/15 showed;

- For 16 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.
- Performance for diabetes related indicators was higher than the clinical commissioning group (CCG) and national average. The practice achieved 100% of the points available. This compared to an average performance of 93.5% across the CCG and 89.2% national average. For example, the percent of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 96.6%, compared to a CCG average of 87.2% and a national average of 88.3%. The percentage of patients on the diabetes register who had an influenza immunisation was 100%, compared to a CCG average of 93.8% and a national average of 94.5%.
- Performance for asthma related indicators was higher than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 97.1% across the CCG and 97.4% national average. For example, the percentage of patients on the asthma register who had an asthma review within the preceding 12 months that included an assessment of asthma control was 78.4%, this compared to a CCG average of 73.7% and a national average of 75.4%.
- The percentage of patients with hypertension having regular blood pressure tests was above the national average. 86.5% of patients had a reading measured within the last nine months, compared to a CCG average of 83.7% and 83.7% nationally.
- Performance for heart failure related indicators was better than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 98.7% across the CCG and 97.9% national average.
- The summary performance for mental health related indicators was lower than the CCG and national average. The practice achieved 88.5% of the points available. This compared to an average performance of 91.8% across the CCG and 92.8% national average. Performance on QOF mental health was low because two indicators relating to lithium were at zero percent. We spoke with the practice about this who told us there were no patients registered with the practice to which this indicator was relevant. Other indicators demonstrated performance was similar to comparators. For example, 100% of patients with schizophrenia, bipolar affective

Are services effective?

(for example, treatment is effective)

disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a CCG average of 86.9% and a national average of 88.5%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review within the preceding 12 months was better than the national average at 100% (compared to a CCG average of 80.8% and a national average of 84%).

This practice performance on the number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 population was lower than the national average. (Ambulatory care conditions are conditions where effective community care and case management can help prevent the need for hospital admission.) The practice performance for this indicator was 14.4 compared to the national average of 14.6.

There was a programme of clinical audit, but it was not clear how the practice used this to demonstrate quality improvement.

- There had been three clinical audits completed in the last two years, of which two were completed audits where a second data collection had taken place. We found the audits did not clearly set out the rationale for the chosen audit topic or the desired outcome the practice was hoping to achieve once improvements had been made. We found there was insufficient detail included within the clinical audits to determine the standards being monitored. For example, one of the audits related to the efficiency of a range of smoking cessation techniques available. However, it was not clear from the audit how the practice intended to use the audit to improve the efficiency of smoking cessation. Only one cycle of this audit had been undertaken. Another audit related to recording of height in children with asthma. This had undergone a two-step audit cycle. However, it was unclear why the practice had selected this audit topic or how they intended through the audit process to improve outcomes for patients.
- The practice participated in applicable local audits and national benchmarking. For example they participated in the local clinical commissioning group medicines optimisation scheme.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 vaccinations and taking samples for the cervical screening programme had received specific training which had 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 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 these learning needs and to cover the scope of their work. This included ongoing support through meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of clinical staff. Staff had received an appraisal within the last 12 months or support through the induction process if they were new to the practice.
- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Not all staff had undertaken training in fire, health and safety within the last year. However, we could see staff had previously received training in these areas historically either through induction or training sessions.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a fortnightly basis and that care plans were routinely reviewed and updated. The practice was part of a local pilot scheme to improve outcomes for patients in the area, to deliver support to patients in care homes through local integrated teams.

Feedback from other healthcare professionals we spoke with was positive about the practice, and the working relationship they had with staff.

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical

screening programme. The practice's uptake for the cervical screening programme was 90.4%, which was higher than the national average of 81.8% and the CCG average of 81.7%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its 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 year olds ranged from 96.2% to 100% and five year olds from 96.7% to 100%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 96.2% to 98.9% and five year olds from 91.6% to 98.9%.

The practice led a project across the locality seeking to improve the information available to parents to help them access the right support for their ill child. This included holding a fun day, educational sessions for parents and producing a children's leaflet. In 2015, the locality was nominated for a General Practice Award and won the award for clinical team of the year for paediatrics. These are national sector wide awards seeking to recognise, highlight, and reward the innovation across practices in the UK. The practice told us they had been contacted by other clinical commissioning groups who were interested in this approach, who have since adapted the leaflet for their own areas. Analysis of parental knowledge about what conditions could be treated at home, prior to and following education sessions, demonstrated a 29% increase in understanding (from 67% to 96%).

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. The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice, for example, the nurse took samples opportunistically when this was possible.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 44 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with five patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 95.7% said the GP was good at listening to them compared to the CCG average of 90.1% and national average of 88.6%.
- 96.7% said the GP gave them enough time compared to the CCG average of 88.5% and national average of 86.6%.
- 95.4% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.3% and national average of 95.2%.
- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.8% and the national average of 85.3%.

- 93.2% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.3% and the national average of 90.6%.
- 100% said they found the receptionists at the practice helpful compared to the CCG average of 89.6% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were broadly in line with local and national averages. For example:

- 94.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.5% and national average of 86.0%.
- 94.7% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85.2% and the national average of 81.6%.

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. They told us they did not currently have any patient registered who required interpreter services, but they knew how to access these when needed.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 58 patients as carers (2.8% of the practice list). The practice carried out annual health checks for patients identified with caring responsibilities. Written information was available to direct carers to the various avenues of support available to them. There was a carer's information board in the waiting area to highlight the support available.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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. For example, the practice was part of the local initiative to deliver support to patients in care homes through local integrated teams.

- The practice offered extended hours on a Wednesday evening until 7:30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- A local support agency for people with learning disabilities visited the practice in October 2015. People with learning disabilities from this agency visited the practice to check on the quality of the health service provided to patients with learning disabilities. They also contacted patients with learning disabilities and their families and carers to gather their experiences of the practice. The resulting report described good relationships between staff at the practice and patients and their families. However, it also noted the practice did not use easy read information or have in place health action plans for patients with learning disabilities. (Easy Read is one way of making information more accessible to people with learning or other cognitive disabilities, using simple words and pictures. A Health Action Plan is a personal plan to help patients with learning disabilities to stay healthy.) The practice told us they had addressed this and these were now in place and were being used.
- Home visits were available for older patients and other patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had carried out an assessment of the practice environment to ensure it was suitable and accessible for the needs of patients with disabilities, particularly those diagnosed with dementia type conditions. Changes made as a result included installing clear easy read signage and an easier to identify contrasting toilet seat.

Access to the service

The practice was open on Monday, Tuesday, Thursday, and Friday between 8:30am to 6pm, and on a Wednesday between 8:30am to 7:30pm. Appointments were available between the following times:

Monday 9:00am – 11am and 3pm - 5pm

Tuesday 9:00am – 11am and 3pm - 5pm

Wednesday 9:00am – 11am, 3pm - 5pm and 6:30pm to 7:30pm

Thursday 9:00am – 11am and 3pm - 5pm

Friday 9:00am – 11am and 3pm - 5pm

Extended surgery hours were offered on a Wednesday until 7:30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

The results of the national GP patient survey with how satisfied patients were with how they could access care and treatment was broadly in line with national and local clinical commissioning group averages.

- 93.8% were able to get an appointment to see or speak to someone the last time they tried. This compared with a CCG average of 76.6% and a national average of 76.1%.
- 98.6% said the last appointment they got was convenient. This compared with a CCG average of 93.8% and a national average of 91.8%.
- 92.6% of patients were satisfied with opening hours. This compared with a CCG average of 84.5% and a national average of 78.3%.
- 98.2% found it easy to get through to this surgery by phone. This compared with a CCG average of 79.2% and a national average of 73.3%.
- 97.4% described their experience of making an appointment as good. This compared with a CCG average of 76% and a national average of 73.3%.
- 96.9% felt they do not normally have to wait too long to be seen. This compared with a CCG average of 64.1% and a national average of 57.7%.

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.

Are services responsive to people's needs?

(for example, to feedback?)

This was done by gathering information from the patient when they called to request an urgent appointment or home visit or by the GP contacting them by phone where necessary to gather additional information. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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. The practice displayed their own complaint leaflet as well as the Parliamentary and Health Services leaflet 'Tips on making a complaint to the NHS in England'. They encouraged patient feedback, including complaints, on their practice website.

The practice had received one complaint within the last twelve months. We could see this was fully investigated and the result of the complaint was discussed with the patient who made the complaint. However, the practice did not make a response in writing to the patient.

The practice 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. We found the practice had a clear plan as to how they would operate and improve the service offered. It was evident in discussions we had with staff throughout the day that it was a shared vision and was fully embedded in staff's day-to-day practice.

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
- The management team held a comprehensive understanding of the performance of the practice
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- However, there were some areas where the practice assurance arrangements were not as effective. Such as there was a programme of clinical audit, but it was not clear how the practice used this to demonstrate quality improvement. Although the practice had effective arrangements for identifying, addressing and learning from individual significant events. The practice did not review incidents and significant events over time to ensure they had identified all possible learning.

Leadership, openness and transparency

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 and 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 that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- 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

The practice encouraged and valued feedback from patients, the public and staff. They sought patients' feedback and sought to engage patients in the delivery of the service.

- The practice gathered patient feedback through practice questionnaires and 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).
- The practice did not have a patient participation group. We saw the practice had taken steps to encourage patients to participate in a group of this type, both in the surgery and on the practice website. However, they had not had any patient come forward to join a group. The practice continued to work towards setting up a group and they were working with the local Healthwatch to

Are services well-led?

Good 

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

identify best practice in generating patient interest in being part of a group. In the meanwhile, the practice continued to gather and analyse other sources of patient feedback to ensure they reflected the patient voice in improvement activity.

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

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area. For example, they led a locality initiative to improve the information available to parents to help them access the right support for their ill child. They were also part of an initiative to deliver support to patients in care homes through local integrated teams.