

# Coastal Medical Group

## Quality Report

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Date of inspection visit: 04/11/2015

Date of publication: 10/12/2015

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?

Outstanding



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 Coastal Medical Group on 04/11/2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- 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.
- Patients said they sometimes found it difficult to make an appointment in advance with a named GP but there was continuity of care, with urgent and some non-urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was currently taking part in an initiative offering patient's access to a GP from 8am until 8pm as part of a Prime Ministers Funding Initiative.
- 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.

We saw some areas of outstanding practice:

# Summary of findings

- The use of 'Florence' a simple tele-health service to advise and assist patients to manage their own conditions with arm's length support from professional should a change in their condition be detected.
  - The practice had self-funded the employment of two advance nurse practitioners and one trainee advanced nurse practitioner as part of a continuity of care programme. This had allowed patients to have greater access to support in the practice, and had meant that GP's had more free slots to see patients who required their specific assistance with their needs.
  - The practice had received national recognition for their work with the Gold Standard Framework (care for patients at the end of their lives) and Palliative Care.
  - The practice had a cohesive and effective medicines management team who worked alongside the GP's for maximum optimisation of patient's medication and they had managed to save £240,000 in last year through more effective medicine management.
  - The practice had successfully gained approval to offer third year student nurse placements at the practice and were now supporting other practices to achieve this status.
  - The medicine management team monitored patients who were prescribed an increasing dose of medication and contacted them to ensure they were managing their increases in a timely manner.
- One area where the provider should make improvement is:
- Developing an annual audit plan for the practice, this will allow the practice to plan their activity demonstrating a review of care and processes from a strategic level rather than adhoc audits.

**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



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- 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 are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or slightly below average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that 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.
- We observed a strong patient-centred culture.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice 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. The practice had recently self-funded extra nursing staff to allow GP's to make available more appointment slots for patients with complex needs.
- Patients said they sometimes found it difficult to make an advanced appointment with a named GP but there was continuity of care, with urgent and non-urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice was using a tele-health system to monitor their patients with long term conditions.
- The practice was taking part in an initiative offering patient's access to a GP from 8am till 8pm as part of a Prime Ministers Funding Initiative.

Outstanding



## Are services well-led?

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

- 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 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The GP partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient user group was active.
- The practice carried out proactive succession planning.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 21% of the practice population was over 65 years of age. Patients on the unplanned admissions register had access to a named clerk for contact at the surgery to assist them in a timely manner with their needs.

### People with long term conditions

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

Outstanding



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice ran 'duty clinics' to provide access to nursing expertise for patients who had exacerbation of diabetes and respiratory disease.
- The practice used 'Florence' a simple tele-health service where patients are supported to manage and monitor their ongoing health conditions. Patients enter their vital signs including blood sugar reading and are advised against a protocol of the next steps for their care.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

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

Good



# Summary of findings

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice was below the Clinical Commissioning Group and national averages for cervical screening at 69.1% against 75.5% and 76.9% respectively. They also recorded a higher than average exception rate at 8.4%. The practice were aware of this and actively encouraged women to attend for screening and offered screening on an adhoc basis as patients attended for other appointments.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of joint working with midwives, health visitors and district nursing teams.

## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- The practice was working as part of a Prime Minister Initiative offering eight until eight appointments with GP's which assisted working age patients to have regular access for their on-going needs.

Good



## 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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for people with a learning disability.

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 68.2% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- 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.
- 77.8% of patients with a mental health need had a comprehensive care plan in place.
- 91.3% of all patients diagnosed with depression underwent a bio-psychosocial assessment on diagnosis and had had a review within 10-35 days after diagnosis. This was above both national and CCG averages.
- 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 people with mental health needs and dementia. Staff were all being encouraged to undertake dementia friend training.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 02/07/2015. The results showed the practice was performing below local and national averages in most areas surveyed. 343 survey forms were distributed and 143 were returned.

- 36.8% found it easy to get through to this surgery by phone compared to a CCG average of 67.2% and a national average of 73.3%.
- 78.6% found the receptionists at this surgery helpful (CCG average 85.9%, national average 86.6%).
- 70.1% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84.1%, national average 85.2%).
- 89.7% said the last appointment they got was convenient (CCG average 93.8%, national average 91.8%).
- 53.8% described their experience of making an appointment as good (CCG average 71.8%, national average 73.3%).

- 69.2% usually waited 15 minutes or less after their appointment time to be seen (CCG average 73.1%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received. Some cards indicated there were sometimes problems getting through to the practice to book appointments and that they could not always book in advance. Patients told us they were satisfied and knew the practice were taking measures to address the issues. We spoke with 10 patients during the inspection. All 10 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. However they did highlight problems with the telephone system for booking appointments both in advance and on the day.

## Areas for improvement

### Action the service SHOULD take to improve

- Developing an annual audit plan for the practice, this will allow the practice to plan their activity demonstrating a review of care and processes from a strategic level rather than adhoc audits.

## Outstanding practice

- The use of 'Florence' a simple tele-health service to advise and assist patients to manage their own conditions with arm's length support from professional should a change in their condition be detected.
- The practice had self-funded the employment of three advance nurse practitioners as part of a continuity of care programme. This had allowed patients to have greater access to support in the practice, and had meant that GP's had more free slots to see patients who required their specific assistance with their needs.
- The practice had received national recognition for their work with the Gold Standard Framework (care for patients at the end of their lives) and Palliative Care.
- The practice had a cohesive and effective medicines management team who worked alongside the GP's for maximum optimisation of patient's medication and they had managed to save £240,000 in last year through more effective medicine management.
- The practice had successfully gained approval to offer third year student nurse placements at the practice and were now supporting other practices to achieve this status.

## Summary of findings

- The medicine management team monitored patients who were prescribed an increasing dose of medication and contacted them to ensure they were managing their increases in a timely manner.

# Coastal Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector and a practice manager specialist advisor.

## Background to Coastal Medical Group

Coastal Medical Group has three practice locations and is based in and around Morecambe and Heysham. The three practices are all within purpose built buildings and all except West End Practice are maintained by NHS building support services, West End is owned by another company but maintained by Coastal Medical Group. The practices are part of the NHS North Lancashire Clinical Commissioning Group (CCG.) Services are provided under a personal medical service (PMS) contract with NHS England. The practices offer onsite parking. Patients can access GP support at any of the three practices and can also access their own or another designated GP as part of the eight till eight access pilot. The practice has 31000 registered patients. During the inspection we visited the Heysham Health Centre site but we spoke to staff from all three sites either face to face or by telephone.

Information published by Public Health England rates the level of deprivation within the practice population groups as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Deprivation affecting children within the practice is rated at 22% compared with the CCG average of 16.1%.

Deprivation affecting older people is rated at 28% compared with the CCG average of 19.1%. These results are above the national averages of 21.8% for children and at 18.1% nationally for older people.

The practice population includes a comparable proportion (21%) of people under 18 years of age, and a higher proportion (33.2%) of people over the age of 65 years, in comparison with the national average of 26.9% and 26.9% respectively. The practice also has a higher percentage of patients who have caring responsibilities (21.6%) than both the national average (18.4%) and the CCG average (17.2%). The practice has a higher proportion of patients with health-related problems in daily life (58.3%) compared with CCG and National averages of 50.7% and 48.7%. The practice has a high proportion of low income and families on benefits and a large number of households have one or more family members with a serious illness or disability. A large percentage of the practice population have problems with drug and alcohol abuse. The practice has a poor uptake of screening services such as cervical, bowel and breast screening amongst their patient population and have tried a number of ways to increase this including ad-hoc attempts to encourage patients when they attend for other reasons alongside campaigns aimed directly at these group of patients.

The practice is a partnership GP practice with 19 partners (male and female) and five salaried GP's. The practice is supported by a clinical nurse manager, three nurse practitioners, eight practice nurses, three treatment room nurses, one assistant practitioner, five healthcare assistants and three phlebotomists who work across all three sites. The senior management team included managers for medicine management, human resources, customer relations and an administration team lead by the practice manager and her deputy. The practice is a training practice for GP's during their training with an identified training lead GP.

# Detailed findings

The practice opens from 7.30am to 6.30pm Monday to Wednesday and from 8am to 6.30 pm Thursday and Friday and does not close for lunch. The practice also offer appointments from 6.30pm to 8pm Monday to Friday and Saturday and Sunday 8am to 8pm under the improving access 'opening doors' pilot scheme. The practice offers seasonal flu vaccination through specific clinics, opportunistically and by appointment as patients attend the surgery. Patients requiring a GP outside of normal working hours are advised to contact 111 who will refer them into the out of hours provider Virgin Healthcare. When closed the practice answering machine informs patients of this number.

The practice provides level access to the building and is adapted to assist people with mobility problems.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

## How we carried out this inspection

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 4th November 2015. During our visit we:

- Spoke with a range of staff including GP's, nursing staff, practice manager, senior management team, health care assistants and administration staff and spoke with ten patients who used the service.
- 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

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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. The practice carried out quarterly reviews of significant events analysis (SEA) and discuss planned actions and those already implemented. We reviewed all SEA's for this year and could follow all the actions through to completion and sharing at staff meetings.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- 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 safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that suitably trained 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The clinical nurse manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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 in house and local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had been successful in saving £240,000 on their previous year's pharmacy budget. This had been achieved by using the medicines management team to monitor and oversee all prescribing within the practice. 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. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, right to work in the UK checks, visa checks 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

## Are services safe?

health and safety policy available with a poster in the practice we visited. The practice had up to date fire risk assessments and had recently carried out fire drills due to fire alarm activations. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella at Heysham and Morecambe health centres was carried out by NHS property services and the practice arranged for annual checks at the West End practice.

- 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. Staff covered each other if possible for unplanned leave and staff from other sites were happy to move around and offer cover as required. The practice had a bank of locum GP's they used if required, where possible these GPs would be used to cover the same day service which the practice supported and free up the partner or salaried GPs to cover the practice. This allowed for continuity of care for the patients.

### **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 stock rooms on all sites. All trolleys and drugs were identical to ensure staff could react in an emergency.
- Each site had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 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 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

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available, with 6.5% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 14/15 showed;

- Performance for diabetes related indicators was slightly worse in some areas than the CCG and national average. For example diabetic patients with cholesterol measurements less than 5mmol/l was 60.6% as opposed to CCG and national averages of 66.7% and 72.3% respectively. In other areas it was similar for example newly diagnosed patients being referred to an education programme was 89.7% again 89.9 for the CCG and better than national averages (84.4%).
- The percentage of patients with hypertension having regular blood pressure tests was lower than the CCG and national average at 70.1% against 78% and 79.2% respectively.
- Performance for mental health related indicators was lower in some areas than the CCG and national average. The practice had a section 12 approved GP on their staff who was able to section their and other practices patients suffering from a mental health crisis should the need arise.

- The dementia diagnosis rate was similar to the CCG and national average at 1% reporting against 0.8% and 0.6% respectively. Coastal Medical Group conduct annual designated face to face visits to all dementia patients. During these visits Drs had real interaction with these patients in their own or residential homes. GPs also carried out a physical examination and review of vital signs at the same time.

The practice were aware they were below the CCG and national averages and were actively addressing the issues by patient education and carrying out opportunistic measurement of patient vital signs when patients attended the practice for other reasons.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit of patients with heart failure to ensure they were coded correctly on the electronic system to ensure they received appropriate care for their needs.

Information about patients' outcomes was used to make improvements. For example with regards to answering the telephone, more resources had been put in the team over the last 18 months and during August and September this year they achieved 91% of calls answered in a timely manner. Their target is to achieve 95% in the next few months and then build on this to eventually meet 100%.

### Effective staffing

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

- The practice had an induction programme for newly appointed clinical and 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 e.g.

# Are services effective?

## (for example, treatment is effective)

for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. Staff had protected training time

- Practice Team members participate in working groups to support the development of effective well organised services. The practice has member of staff working with in the Clinical Commissioning Group who can feed back on issues as soon as they occur.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. 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.

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 monthly basis and that care plans were routinely reviewed and updated.

### 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 and drug abuse. 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 69.1%, which was below the CCG average of 75.5% and the national average of 76.9%. 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. However their uptake in these areas remained low despite targeting these groups with reminders and messages. Staff told us they encouraged people to have this screening when patients attended for other reasons but uptake still remained low.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.7% to 97.1% and five year olds from 85.5% to 97.8%. Flu vaccination rates for the over 65s were 73.4%, and at risk groups 53.5%. These were also slightly below CCG but higher than national averages.

## Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# 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 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 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 43 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. However some did comment on the difficulties with appointment system but acknowledged the practice had made improvements and were continuing to look at new ways to address this.

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

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

- 87.3% said the GP was good at listening to them compared to the CCG average of 90.1% and national average of 88.6%.
- 81.2% said the GP gave them enough time (CCG average 87.8%, national average 86.6%).
- 96.5% said they had confidence and trust in the last GP they saw (CCG average 96.6%, national average 95.3%)

- 83.3% said the last GP they spoke to was good at treating them with care and concern (CCG average 85.6%, national average 85.1%).
- 92.7% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.4, national average 90.4%).
- 76.7% said they found the receptionists at the practice helpful (CCG average 85.3%, national average 76.9%)

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

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 89.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.7% and national average of 86.3%.
- 78.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 83.7%, national average 81.5%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 21.6% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

The practice had received national recognition for their work with the Gold Standard Framework (care for patients at the end of their lives) and Palliative Care. They had

regular meetings with the multi-disciplinary teams to ensure patients at the end of life were cared for in a manner and place they wished to be cared for. All changes to patients condition were shared immediately with other services such as the out of hours service. The whole of the CCG area used the same electronic records system so any GP treating the patients could see the entire patients records not just the summery care record.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / 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 was currently working as part of the 'opening doors' pilot and was offering appointments to patients from their and neighbouring practices appointments between 8am and 8pm and at weekends. This was in conjunction with other GP practices to ensure patients had access to a GP when they needed it.
- Patients at the practice with long term conditions could have their conditions both short and long term, monitored at arm's length by enrolling on the practices 'Florence' system. This system allowed professional support to patients in their own home by means of a tele-health service. Patients added their information and sent the text which was paid for by the practice to a central hub where they were replied to following a strict guide set up by professionals. They were given feedback such as readings are normal or a little high or low and offered advice which may be to contact the practice or repeat test in the case of blood sugar monitoring if the reading was slightly outside parameters. This system could be accessed anywhere in the world by patients so there was constant monitoring of their condition available. Patients were informed this was not an emergency service and should they feel unwell they must contact the practice. We did not speak to patients who were using this programme however staff were able to share with the team some patients who were currently making use of this programme. Patients with controlled diabetes were entering their blood sugar results and receiving advice on their readings. One diabetic patient was being reminded to take his medication via this service. Patients with Chronic

Obstructive Pulmonary Disease (COPD) were having their oxygen levels and sputum monitored by 'Florence' and this had resulted in them not needing to attend the practice as often. Patients requiring regular blood pressure or weight monitoring could use this system which had proven to be more convenient for them rather than having to attend the practice between reviews. This allowed the practice to be more responsive to the patients needs.

- The medicine management team monitored patients who were prescribed an increasing dose of medication and contacted them to ensure they were managing their increases in a timely manner. This had proved effective in ensuring patients complied with their medication and ensured optimisation of all medication.

The practice informed us they intended to monitor and audit if the use of 'Florence' and also if the medicine management team following up increasing dosage patients had impacted on freeing up the GP time.

### Access to the service

The practice opened from 7.30am to 8pm Monday to Wednesday and from 8am to 6.30pm Thursday and Friday and did not close for lunch. The practice offered appointments from 6.30am to 8pm Monday to Friday and Saturday and Sunday 8am to 8pm under the opening doors pilot scheme. The opening doors scheme offered appointments at weekends also. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent on the day and on the day appointments were also available for people that needed them.

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

- 72.6 of patients were satisfied with the practice's opening hours compared to the CCG average of 74.6% and national average of 75.7%.
- 38.4% patients said they could get through easily to the surgery by phone (CCG average 67.2%, national average 74.4%).
- 48% patients described their experience of making an appointment as good (CCG average 69.3%, national average 73.8%).



# Are services responsive to people's needs?

(for example, to feedback?)

- 70.8% patients said they usually waited 15 minutes or less after their appointment time (CCG average 73.4%, national average 65.2%).

In response to the known access issues the practice had self-funded the employment of three advance nurse practitioners as part of a continuity of care programme. This had allowed patients to have greater access to appointments within the practices, and had meant that GP's had more free slots to see patients who required. The practice had started to address issues with patients getting through to the practice on the phone for appointments as a result of feedback from the patient user group. They had changed their process for on the day appointments and had made urgent appointments available by phone at 8am and non-urgent appointments available from 10am which meant the phone calls were staggered into the call centre. This would be monitored closely in the coming months and changes made as required.

## Listening and learning from concerns and complaints

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

- The practice 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, there were posters displayed in the waiting area.

We looked at nine complaints received in the last 12 months and found they were treated in an open and transparent manner. Patients received full explanations of how their complaint had been handled. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, further training for staff and offering face to face meetings to patients if appropriate.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

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

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. The partners prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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, minutes of these meetings were available to the inspection team.
- 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 were 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.

The practice had successfully gained approval to offer third year student nurse placements at the practice and are now supporting other practices to achieve this status. The practice had an indepth training programme for student nurses and this had been evaluated positively by their first student nurse.

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

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

- The practice had gathered feedback from patients through the patient user group (PUG) and through surveys and complaints received. There was an active patient user group which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, changes to the way patients could book on the day routine appointments. This used to be done alongside urgent on the day appointments at 8am and patients had commented they could not get through on the phones. The practice had now moved the routine on the day appointment booking system to 10am to allow urgent appointments to be dealt with first. This patients

# Are services well-led?

Good 

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

told us worked better however one patient told us they still could not get through so came to the practice in person instead as they knew they could be seen at some point in the morning.

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

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice's use of the 'Florence' system demonstrated their continuous commitment to involving the patient in their care plans, encouraging them to self-manage where possible and ensuring they were fully supported. The 'opening doors' scheme which the practice was part of demonstrated their commitment to ensure the patients of the area had appropriate access to GP support when required and this would assist in ensuring only emergency patients attended the local NHS A&E department for treatment.