

# Dr Shafquth Rasool

## Quality Report

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Date of inspection visit: 10 August 2016  
Date of publication: 03/10/2016

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 Dr Shafquth Rasool practice on 10 August 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The practice promoted a no blame culture and encouraged staff to raise concerns and possible risks.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day and pre bookable appointments available in two to three days.
- Feedback from patients about their care was consistently positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had been awarded the title of best practice in Teesside following the results of the national patient survey by the local newspaper.
- 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

# Summary of findings

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).

However there was one area of practice where the provider should make improvement:

Review the process for issuing prescriptions to ensure they were not issued beyond the annual medicines review date.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. This was discussed at the practice meetings, investigated immediately and shared verbally with the team.
- When things went wrong the practice had in place a policy to ensure patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice promoted a non-judgemental approach to dealing with incidents which encouraged staff to report all concerns.

### 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.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and there was a proactive approach to audit. However there were no recent audits were two audit cycles had been completed.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals, supervision and personal development plans for staff. The exception to this was the practice manager and some staff new to the practice that had not yet had an appraisal.
- 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. A 100% of patients said the last appointment they got was convenient 100% of patients had confidence and trust in the last GP they saw or spoke to. The practice had been awarded the title of best practice in Teesside following the results of the national patient survey by the local newspaper.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The size of the practice meant the staff were familiar with many of their patients and knew them by name.
- 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 confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- Practice staff 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. Examples of these were the provision of good access to care and minor surgery.
- Patients could access appointments and services by telephone, online or in person.
- The practice building was purpose built had adequate facilities and was well equipped to treat patients and meet their needs.

Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Good



## 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.

Good



# Summary of findings

- 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 management and team 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.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had recently established a patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had clearly identified areas of risk and improvement required which informed their future planning.

# 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. Patients over the age of 75 had an annual review.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The GP regularly visited and reviewed patients in care homes.
- The practice had identified and reviewed the care of those patients at highest risk of admission to hospital. Those patients who had an unplanned admission or presented at Accident and Emergency (A&E) had their care plan reviewed and patients were contacted within three days of hospital discharge. All discharges were reviewed to identify areas for improvement. The practice worked closely with the community matrons to prevent unnecessary admissions.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. There was a joint approach to managing these patients with community matrons and district nurses.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 84%. This was 1% above the local CCG average and 4% above the England average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met.
- The practice promoted self-management for some long term conditions.
- The practice was involved in the healthy lung and healthy heart checks.

# Summary of findings

## Families, children and young people

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

Good



- 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.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 83% compared to the local CCG average of 83% and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors and school nurses.
- Young people were able to access contraception and screening for sexually transmitted diseases (STDs).

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

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

Good



- 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 had late appointments available on a Monday evening.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances and provided a supportive and non-judgemental approach. Examples of these patient groups were people with drug and alcohol problems and those living



# Summary of findings

with a learning disability. There were same day appointments available for those in crisis. Were required the practice signposted patients to citizen advice and lifeline for drug and alcohol support.

- The practice offered longer appointments for patients with a learning disability. Annual reviews for this group were monitored by the practice.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held Palliative Care meetings every six weeks to discuss and agree care plans.

## 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).

- Nationally reported data from 2014/2015 showed 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the previous 12 months, which was 8% above the CCG average and 10% above the national average.
- Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 100 %, which was 6% above the CCG average and 10% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



## Summary of findings

- Patients on medicines requiring regular monitoring and where the practice shared their care with mental health services were monitored regularly in the practice.
- The practice hosted counselling and Cognitive Behavioural Therapies (CBT) which is a talking therapy that can help you manage your problems by changing the way you think and behave.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above or comparable to the CCG and national averages. 222 survey forms were distributed and 109 were returned. This represented 4% of the practice's patient list.

- 100% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% national average of 85%.
- 98% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 completed comment cards which were all positive about the standard of care received. Patients told us they were greeted courteously, in a friendly caring manner and received excellent care.

We received feedback questionnaires from ten patients during the inspection. All ten patients said they were happy with the care they received and thought staff were approachable, committed, caring and they received quick referrals to other services when needed. We received no negative comments from patients.

# Dr Shafquth Rasool

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP Specialist Adviser.

## Background to Dr Shafquth Rasool

Dr Shafquth Rasool, Abbey Health Centre, Finchale Avenue, Billingham, Cleveland, is located near the centre of Billingham. The practice is housed in a purpose built medical centre housing and includes another two practices, a phlebotomy service and a pharmacy. The practice staff were involved in the design of the building which is Eco friendly using solar energy and recycling rain water. There is a 'drive through' pharmacy which means if patients choose they do not need to leave their cars when handing in or collecting their prescriptions. There is parking available at the practice to accommodate all practices. Many of the patients live within walking distance of the practice and there is some access to public transport. There are 2500 patients on the practice list. The practice list is currently closed in agreement with the Clinical Commissioning Group (CCG) as they had reached their maximum number of patients for a single handed GP practice. The practice scored six on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice is a single handed GP service with one male GP. There is support from another two GPs from a neighbouring practice that will assist the practice in times

of emergencies or unplanned absence by the GP. There are two practice nurses one of which is a nurse prescriber. The practice are in the process of recruiting a new health care assistant (HCA) all nurses are female. There is a practice manager and administrative staff.

The practice is a teaching practice taking year five students (Teaching practices take medical students and training practices have GP trainees and F2 doctors). The GP also provides mentor ship for a district nurse undertaking the nurse prescriber course each year.

The practice is open from 8am to 5pm, Monday to Friday. The practice provides extended hours on a Monday until 7.40pm. Appointments can be booked by walking into the practice, by the telephone and on line. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by Northern Doctors via the NHS 111 service. Arrangements had been made for Northern Doctors to answer emergency calls between 5pm and 6.30pm. The practice holds a General Medical Service (GMS) contract.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 August 2016.

During our visit we:

- Spoke with a range of staff including a GP, nurse, and practice management and administration staff.
- We distributed questionnaires to patients attending the practice on the day of the inspection.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards and questionnaires where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager or the lone GP 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 the significant events. Incidents occurring were discussed on the same day or at the next available meeting. Significant events were a standing item on meeting agendas. The results were shared with staff at meetings where the investigation and action plans were discussed. For example following an incident when a patient from another practice was found going through the cupboards in the treatment room the following action was taken. Safety was discussed in the practice with all staff, cupboards would be locked and treatment room door will be kept locked. Keys will be kept in key safe in reception and a new door keypad purchased and fitted so that they would have quick access to the rooms.
- 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.

### 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.

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 what constituted abuse and who to contact for further guidance if staff had concerns about a patient's welfare. However some policies needed reviewing and consolidating. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and provided examples of when they would raise a safeguarding concern. All staff had received training on safeguarding children and vulnerable adults relevant to their role. However some staff required an update. The GP and nurses were trained to child protection or child safeguarding level two and three.

- Five of the ten patients who completed the patient questionnaires were not aware they could ask for a chaperone. Only clinical staff acted as chaperones and they were trained for this 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). We saw a notice at the reception desk informing patients of this service.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead. The nurse had completed recent infection control training on line. There was an infection control protocol in place which required updating. Annual infection control audits were undertaken however the action plan did not state when the actions would be completed or by whom.
- The practice had spillage kits for blood, urine and vomit. The policy stated that regular hand washing audits would be completed however we could find no evidence that these had been completed.
- There was a system in place to control the issue of medicines where the annual medicines review was out-of-date. However we found several instances where medication had been issued after this time. Regular medication reviews were necessary to make sure that patients' medicines were up to date, relevant and safe.

There was a system in place for the management of high risk medicines and we saw examples of how this worked to keep patients safe. Prescription pads were stored securely

## Are services safe?

and there were systems in place to monitor their use. The practice took part in medicines optimisation initiatives in partnership with their local Clinical Commissioning Group (CCG).

- We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were stored at the required temperatures and this was being followed by practice staff. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However we saw that in one instance verbal references had been taken but the detail of this had not been recorded. The interviews questions were recorded but no summaries of the interviews recorded. We saw that the performers list assurance checks, revalidation and safeguarding training were undertaken for the locum doctors working in the practice.

### 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 which identified local health and safety representatives. The practice had up to date fire risk assessments and regular fire drills carried out during the past year. However we saw that there had been no recent fire training for staff in the practice other than at induction and recent fire drills. The practice provided assurance that this would be addressed immediately. The staff we spoke with were fully aware of what to do in the event of a fire. 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, including control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff told us that they supported each other by covering shifts when staff were on sick leave or holidays and there was a policy in place to ensure this happened.

### Arrangements to deal with emergencies and major incidents

The practice had 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 and oxygen available on the premises and emergency medicines. The emergency equipment was stored at the neighbouring practice that checked the equipment regularly and was used by all practices in the building. A first aid kit and accident book was available. 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most

recent published results showed the practice achieved 98% of the total number of points available; with 7.4% exception reporting, this was 3.8% below the CCG average and 1.8% below the England average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any areas of QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 95% which was 0.4% above the local CCG average, and 6.3% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 87% which was above the national average of 83% and the local CCG average of 86%.
- Performance for mental health related indicators was 80% which was 14% below the local CCG average and 12% below the national average.

There was evidence of quality improvement including clinical audit.

- There had been six audits undertaken in the last 24 months none of which have had two cycles where the improvements made were implemented and monitored. The practice told us they would review this immediately.
- The practice participated in local audits, national benchmarking, accreditation and peer review. Examples of these were prescribing audits and the monitoring of local schemes such as healthy heart and lung checks.

The audits undertaken by the practice predominantly monitored performance such as appropriate referral to services such as respiratory and the monitoring of histology following minor surgery. There were no recommendations listed from the audits we saw.

Information about patients' outcomes was used to make improvements, for example ensuring the templates required for screening patients and prescribing guidelines were available on the information system used by the practice.

### Effective staffing

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

- The practice had an induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes and had attended recent courses.
- The learning needs of staff were identified through a system of appraisals, supervision and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing



# Are services effective?

## (for example, treatment is effective)

support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Clinical supervision for the nursing staff in the practice had recently been reviewed and a new group established in the practice for the Billingham practices. We saw minutes which confirmed this. The staff had received an appraisal within the last 12 months or three month review for new staff. However we saw that the practice manager had not received an appraisal.

- Staff received training that included: safeguarding, basic life support and information governance. We saw that some basic training had not been provided other than at induction such as fire and health and safety. Some staff had access to and made use of e-learning training modules, local courses and in-house training. The practice manager told us that they were reviewing the annual training for staff to ensure all areas of training required were available to staff including e-learning.

### 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 patient record system and their intranet system.

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs. When required these meetings were more frequent. Several members of the multidisciplinary team, a community matron, district nurse and a health visitor joined the inspection team for the presentation by the practice at the beginning of the inspection and provided many examples of joint working and improving patient outcomes. An example was reducing frequent unnecessary admissions to

hospital using a joint management approach. One patient who was originally being admitted weekly had not been admitted for several months and was now being managed at home.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and minor ailments. Where appropriate, patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 83%, which was the same as the local CCG average of 83% and above the national average of 81%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice also followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable with the local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 100% and five year olds from 93% to 100%.

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 for healthy heart and lungs. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 36 patient 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 received many comments from patients who told us that the staff go over and above what is required. Examples of these were the GP visiting a patient on Christmas day and Boxing day. There was also a large collection of thankyou letters and cards received by the practice complimenting them on the care they had received over the past year.

All of the comment cards highlighted that staff responded compassionately and respectfully when they needed help and provided support when required.

The practice was above the local CCG practices and the national averages for its satisfaction scores on consultations with GPs and nurses and had been awarded the title best in Teesside from the local press because of these results. Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 98% of patients said the GP was good at listening to them compared to the local CCG average of 89% and the national average of 89%.
- 98% of patients said the GP gave them enough time compared to the local CCG average of 87% and the national average of 87%.

- 100% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 96% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 86% the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 93% and the national average of 91%.
- 100% of patients said they found the receptionists at the practice helpful compared to the local CCG average of 88% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. Patients commented that they received timely access to other services, clear explanations and choice from the GP. Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local CCG and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 87% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 84% and the national average of 82%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 89% and the national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language or were unable to communicate verbally. The practice currently had no patients whose first language was not English.
- 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 52 patients as carers, this was 2% of the practice list. All patients identified as carers were offered support and an annual flu vaccine. Written information was available to direct carers to the various avenues of support available to them. Local carers groups and a return to work, worker visits the practice to help patients get back into work.

Staff told us that where possible when families had suffered bereavement; their usual GP contacted and visited them. We saw bereavement information available in the practice waiting area.

# 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. Examples of these were improving the management of patients with learning disabilities and improving medicines optimisation in the practice. Medicines optimisation helps patients to make the most of medicines they take.

- The practice offered an extended hour's service on a Monday evening until 7.40pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those who were vulnerable.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 5pm Monday to Friday. Appointments were available from 8.30am to 11am and 3.30pm to 4.30pm daily. Extended hours appointments were offered on a Monday with GP consulting times running from 4.30 pm till 7.40. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. There were telephone appointments with the GP available each day for patients.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above or similar to the CCG and the national average.

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 100% of patients said they could get through easily to the practice by phone compared to the CCG average of 70 % and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

When patients requested a home visit the details of their symptoms were recorded and then assessed by a GP. If necessary the GP would call the patient back to gather further information so an informed decision could be made on prioritisation according to clinical need. 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.
- Information was available to help patients understand the complaints system, for example the practice had a complaints summary leaflet.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice was open and transparent when dealing with the complaints. We saw that complaints and issues raised were discussed with staff. One of the complaints related to problems with a referral made to another service and the referral not being actioned in a timely way which could have been considered a significant event. We saw that the practice had taken appropriate action to prevent this happening again.

# 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 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. The practice had a process in place to regularly review succession planning and had identified the need to review the future succession planning and future of the single handed practice before 2017.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice recognised the need to improve their process of audit cycle as a programme of continuous clinical and internal audit to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the GP and management team 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 GP, nurses and manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice encouraged a culture of openness and honesty and they had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings and we saw minutes of meetings which confirmed this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP and practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and managers 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. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had recently re started the PPG and had previously had a large virtual group. They gathered feedback from patients, commented on future developments and contributed to the practice newsletter. We saw that the PPG had recommended that patients needed to know what the right service to use was. Examples of this were accident and emergency,

# Are services well-led?

Good 

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

local pharmacies and the out of hours services. The last newsletter produced by the practice contained useful information about the practice and when to use the different local services appropriately.

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

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had identified their future challenges and concerns. Examples of these were succession planning, the future of a single handed GP practice, potential to recruit a part-time female GP and being involved in GP training.