

# Drs O'Neill, Evans & Lunn

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs O'Neill, Evans & Lunn on 2 February 2016. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- The practice performed highly on the most recently published National GP Patient Survey.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- On the National GP Patient Survey, the practice consistently scored higher than the national and local averages across a number of indicators, including those related to satisfaction with the service, ease of access to the service and patient involvement in planning and making decisions about their care and treatment. For example, 100% of patients described their overall experience as good (compared to a CCG average 87.1% and a national average of 84.8%). 99.1% found it easy to

# Summary of findings

get through to this surgery by phone (compared to a CCG average of 76.8% and a national average of 73.3%). 96.8% would recommend the practice to someone new to the area (compared to a CCG average 81.2% and a national average of 77.5%).

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes 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.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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 patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Data from the National GP Patient Survey showed patients rated the practice much higher than others for questions related to access. For example, 91.9% said they felt they normally do not have to wait too long to be seen compared to a CCG average 67.7% and a national average of 57.7%).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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.
- 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.
- 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 and ensured this information was shared with staff to ensure appropriate action was taken

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group met regularly and their feedback was used to help support the practice to improve the service delivered.
- 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



- Staff provided proactive, personalised care, which met the needs of older patients. Patients aged 75 and over were allocated a named GP to help ensure their needs were met.
- Good arrangements had been made to meet the needs of 'end of life' patients. Staff held regular palliative care meetings with other healthcare professionals to review the needs of these patients and ensure they were met.
- The practice offered home visits and longer appointment times where these were needed by older patients. The practice had a visiting Nurse Practitioner who focussed on meeting the needs of patients in Care Homes.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group. For example, the percentage of patients with atrial fibrillation who were currently treated with anticoagulation drug therapy or an antiplatelet therapy was 100%, compared to an average of 98.4% nationally.
- The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people.

### People with long term conditions

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

Good



- Effective systems were in place, which helped ensure patients with long-term conditions received an appropriate service, which met their needs. These patients all had a named GP and received an annual review to check that their needs were being met. For those people with the most complex needs, the named GP worked with other relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for some of the clinical conditions commonly associated with this population group. For example, performance for diabetes related indicators was better than the clinical commissioning

# Summary of findings

group (CCG) and national average. The practice achieved 97.7% of the points available. This compared to an average performance of 95% across the CCG and 89.2% national average. For example, the percent of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 93.4%, compared to a national average of 88.3%.

- Longer appointments and home visits were available when needed.
- Patients at risk of hospital admission were identified as a priority, and steps were taken to manage their needs.
- Staff had completed the training they needed to provide patients with safe care.

## Families, children and young people

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

Good



- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, the rates for the vaccinations given to under two year olds ranged from 96.1% to 100% and five year olds from 92.7% to 100%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 95.3% to 98.1% and five year olds from 97.2% to 100%.
- 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 showed the practice had performed in line with average for providing recommended care and treatment for this group of patients. For example, the Quality and Outcomes Framework (QOF) data for 2014/15 showed the practice's uptake for the cervical screening programme as 80.8%, which was slightly lower than the national average of 81.8%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.



# Summary of findings

- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice had a 'Young People's' section of the website aimed at children and young people. This included information about the service and how they could access it; information about confidentiality; and, information, which may be of interest to young people, such as contraception and substance misuse.

## 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 practice had assessed the needs of this group of patients and developed their services to help ensure they received a service, which was accessible, flexible and provided continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Nationally reported data showed the practice provided recommended care and treatment that was in line with or above national averages for this group of patients. For example, the percentage of patients with hypertension with a blood pressure reading of 150/91mmHg or less within the preceding 12 months was better than the national average, at 88.2%, compared to 83.7% nationally.
- There was a self-help section on the practice website directing patients to sources of help including, common ailments and injuries, self-help physiotherapy information sheets, and mental health self-help materials.

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 patients with learning disabilities.
- Staff carried out annual health checks for patients who had a learning disability and offered longer appointments.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff provided vulnerable patients with information about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff understood their responsibilities regarding information sharing, the documentation of safeguarding concerns and contacting relevant agencies.

## 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).

- Performance for mental health related indicators was better than the local and national average. The practice achieved 100% of the points available. This compared to an average performance of 96.5% across the CCG and 92.8% national average. For example, 93.8% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.5%.
- However, the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review within the preceding 12 months was lower than the national average at 79.1% (compared to a national average of 84.0%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- They had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The latest GP Patient Survey published in date July 2015 showed patients were satisfied with their overall experience of the GP surgery (at 100%), this was higher than the local Clinical Commissioning Group (CCG) average (at 87.1%) and higher than the England average (at 84.8%). There were 252 survey forms distributed for Drs O'Neill, Evans & Lunn and 119 forms were returned. This was a response rate of 47.2% and equated to 2.3% of the practice population. Results were higher than for the CCG and national average. For example,

- 99.1% found it easy to get through to this surgery by phone compared to a CCG average of 76.8% and a national average of 73.3%.
- 94.1% found the receptionists at this surgery helpful (CCG average 88.6%, national average 86.8%).
- 93.6% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85.9%, national average 85.2%).
- 99.2% said the last appointment they got was convenient (CCG average 92.8%, national average 91.8%).
- 93.5% described their experience of making an appointment as good (CCG average 75.9%, national average 73.3%).
- 81.4% usually waited 15 minutes or less after their appointment time to be seen (CCG average 73.7%, national average 64.8%).
- 96.8% would recommend the practice to someone new to the area (CCG average 81.2%, national average 77.5%).

- 83.3% were satisfied with the surgery's opening hours (CCG average 76.6%, national average 74.9%).

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards, which were all positive about the standard of care received. In particular, they commented positively on staff; the good continuity of care; staff going the extra mile; the ease of getting an appointment; and, their satisfaction with the treatment they received. The following words used to describe staff included; caring, pleasant, understanding, respectful, helpful and professional.

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

This was also reflected in the national friends and family test (FFT) results. (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). In the month of December 2015, 100% of patients completing the test said they were 'extremely likely' (seven patients) to recommend the service to family and friends.

## Outstanding practice

- On the National GP Patient Survey, the practice consistently scored higher than the national and local averages across a number of indicators, including those related to satisfaction with the service, ease of access to the service and patient involvement in planning and making decisions about their care and treatment. For example, 100% of patients described their overall experience as

good (compared to a CCG average 87.1% and a national average of 84.8%). 99.1% found it easy to get through to this surgery by phone (compared to a CCG average of 76.8% and a national average of 73.3%). 96.8% would recommend the practice to someone new to the area (compared to a CCG average 81.2% and a national average of 77.5%).

# Drs O'Neill, Evans & Lunn

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and a CQC pharmacist inspector.

## Background to Drs O'Neill, Evans & Lunn

Drs O'Neill, Evans & Lunn are registered with the Care Quality Commission to provide primary care services.

The practice provides services to approximately 5100 patients from one location, Gas House Lane Surgery, Morpeth, Northumberland, NE61 1JX, which we visited as part of this inspection.

Drs O'Neill, Evans & Lunn is a medium sized practice. They are situated in the Morpeth area of Northumberland. The practice is part of the NHS Northumberland clinical commissioning group (CCG). The practice provides services to patients of all ages based on a Personal Medical Services (PMS) contract agreement for general practice.

Drs O'Neill, Evans & Lunn are a dispensing practice. This means under certain criteria they can supply eligible patients with medicines directly.

Disabled access to the surgery is via the main entrance where automatic doors are available; there is also a lift available to the First Floor.

The practice has three GP partners, of which two are male and one is female. In addition, there is a practice manager,

an office manager/assistant dispenser, two dispensing staff, a nurse practitioner, two practice nurses, and a team of six administrative and reception staff. The practice is a training practice, teaching final year medical students.

The surgery is open 8.00am to 6.00pm, Monday to Friday. Extended hours surgeries are offered on alternative Tuesday, Wednesday and Friday mornings from 7.00am, for those patients unable to attend during normal working hours.

The consultation times are between 8:10am to 10:40am and 2:00pm to 5:30pm Monday to Friday. During extended hours the consultation times are between 7.00am and 7.45am. Phone lines for appointments and other routine requests are open between 8am to 6pm each weekday.

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

Information taken from Public Health England placed the area in which the practice was located in the third least deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 81.1 years and the female is 83.8. Both of these are higher than the CCG average and national averages. The average male life expectancy in the CCG area is 78.8 and nationally 78.9. The average female life expectancy in the CCG area is 83.8 and nationally 82.8. The practice has a higher percentage of patients over the age of 65+, 75+ and 85+, when compared to national averages. The percentage of patients reporting with a long-standing health condition is slightly higher than the national average (practice population is 58% compared to a national average of 54.0%).

# Detailed findings

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 February 2016. During our visit we:

- Spoke with a range of staff (including two of the GP partners, a nurse practitioner, a practice nurse, the dispensary manager, practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The 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. For example, following a significant event where a home visit to a patient was missed, the practice put failsafe checks in place to ensure this did not happen again.

When there were unintended or unexpected safety incidents, patients 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 patients 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 three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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 GP was the infection control 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). Processes were in place to check medicines were within their expiry date and suitable for use.
- Staff showed us the standard operating procedures for managing medicines, (these are written instructions about how to safely dispense medicines) and we saw evidence that these were regularly reviewed to reflect current practice. We observed medicines being dispensed and saw arrangements were in place to minimise dispensing errors. Medicine errors and near misses were recorded and reviewed to reduce the risk of errors being repeated.
- All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance, as these were tracked through the practice and kept securely at all times.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.
- There was a system in place for the management of high-risk medicines, which included regular monitoring in line with national guidance. Appropriate action was taken based on the results.

## Are services safe?

- Medicines were dispensed for patients who did not live near a pharmacy and this was appropriately managed. The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme. Staff involved in the dispensing process had received appropriate training.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### 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 and risk assessment available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was

working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and 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 that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support. 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 defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were 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 for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2014/15 showed the practice had achieved 96.6% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was higher than the national average of 94.5%. The practice had 11.2% clinical exception reporting. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.) This compared to a national average of 9.1%.

This practice was an outlier for two QOF (or other National) clinical targets. These were:-

- The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) was much lower than would be expected. The practice ratio was 0.34, compared to a National average of 0.9. (COPD is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease. People with COPD have difficulties breathing, primarily due to the narrowing of their airways.)

However, the performance on the percentage of patients with COPD who had a review undertaken including an assessment of breathlessness within the preceding 12 months was 96.8%, compared to a national average of 89.9%.

The practice were aware they were an outlier on the reported versus expected prevalence for (COPD). They had carried out some benchmarking and noted their performance was similar to neighbouring practices. They attributed this to the practice being in a less deprived area, and the correlation this had with lower prevalence of COPD. They had taken action to ensure they were appropriately coding asthma and COPD on their clinical systems. They also kept a register of patients with COPD who had care plans in place.

- The percentages of patients on the diabetes register who had influenza immunisation in the preceding 1 August to 31 March. The practice had recorded vaccination for 81.7% of these patients, which was lower than the national average of 94.5%.

The practice told us they actively offered patients with diabetes influenza immunisation, and where patients refused they appropriately coded them as exempt. The practice continued to review areas where they were performing lower than local and national averages, to identify if they could improve.

In other areas the practice was generally in line with or higher than comparators. For example, data from 2014/15 showed;

- Performance for diabetes related indicators was better than the clinical commissioning group (CCG) and national average. The practice achieved 97.7% of the points available. This compared to an average performance of 95% across the CCG and 89.2% national average. For example, the percent of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 93.4%, compared to a national average of 88.3%. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 81.1%. This was slightly higher than the England average of 80.5%.
- Performance for asthma related indicators was better than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 99.3% across the CCG and 97.4% national average.



# Are services effective?

## (for example, treatment is effective)

- The percentage of patients with hypertension with a blood pressure reading of 150/91mmHg or less within the preceding 12 months was better than the national average, at 88.2%, compared to 83.7% nationally.
- The practice performed well on the percentage of patients with atrial fibrillation with CHADS2 score of 1, who were currently treated with anticoagulation drug therapy or an antiplatelet therapy. (Atrial fibrillation is an irregular and often rapid heart rate that commonly causes poor blood flow to the body. A CHADS2 score rates the risk for patients with atrial fibrillation based on identified major stroke risk factors.) The practice had achieved 100% in this indicator, compared to an average of 98.4% nationally.
- Performance for mental health related indicators was better than the local and national average. The practice achieved 100% of the points available. This compared to an average performance of 96.5% across the CCG and 92.8% national average. For example, 93.8% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.5%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review within the preceding 12 months was lower than the national average at 79.1% (compared to a national average of 84.0%).

This practice performance on the number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 population was slightly better than the national average. (Ambulatory care conditions are conditions where effective community care and case management can help prevent the need for hospital admission.) The practice performance for this indicator was 16.3 compared to the national average of 18.1.

Clinical audits demonstrated quality improvement. Clinical audit were carried out and all relevant staff were involved to improve care and treatment and outcomes for patients. The practice showed us two clinical audits, completed within the last year, where improvements made were implemented and monitored. They also provided us with a list of several other audits and data collections undertaken by the practice within the last couple of years, to improve the outcomes and service to patients.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had undertaken an audit of the diagnosis and treatment of patients with atrial fibrillation. (Atrial fibrillation is an irregular and often rapid heart rate that commonly causes poor blood flow to the body.)

Information about patients' outcomes was used to make improvements such as; the practice had audited the chaperone service and demonstrated an increase in GPs offering a chaperone over a six-month period. The practice had audited diagnosis of dementia conditions to increase the rate of those diagnosed in line with the expected prevalence rates. This ensured these patients were offered appropriate treatment and support.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their 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 revalidating GPs. All staff had had an appraisal within the last 12 months.

# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, 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 patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were 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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

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

The practice had a 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 80.8%, which was slightly lower than the national average of 81.8%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.1% to 100% and five year olds from 92.7% to 100%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 95.3% to 98.1% and five year olds from 97.2% to 100%.

Flu vaccination rates for the over 65s were 74.9%, which compared to a national average of 73.2%. For patients under 65 in the defined influenza clinical risk group this was 47.1%, which was lower than the national average of 57.3%. The practice provided us with more up to date information, which showed the flu rates for over 65s was now, 77%, and for at risk groups was 64%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice, for example, the nurse took samples opportunistically when this was possible.

The practice had a 'Young People's' section of the website aimed at children and young people. This included information about the service and how they could access it; information about confidentiality; and, information, which may be of interest to young people, such as, contraception and substance misuse. The practice told us

## Are services effective?

(for example, treatment is effective)

they invited young people in when they reach their 16th birthday to discuss any health issues. They reviewed this between June and November 2015 and found the response rate for teenagers attending the surgery was 25%.

There was also a general self-help section directing patients to sources of help including, common ailments

and injuries, self-help physiotherapy information sheets and mental health self-help materials. The practice told us they provided leaflets and information on more sensitive subjects in the corridor areas. This helped support patients to pick up this information without the risk of embarrassment.

# 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 24 patient Care Quality Commission 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 spoke with two members of the patient participation 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 higher than national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 97.9% said the GP was good at listening to them compared to the CCG average of 90.6% and national average of 88.6%.
- 95.6% said the GP gave them enough time compared to the CCG average of 88.8% and national average of 86.6%.
- 99.4% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.1% and national average of 95.2%
- 96.1% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.2% and national average of 85.1%.

- 95.3% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.9% and national average of 90.4%.
- 94.1% said they found the receptionists at the practice helpful compared to the CCG average of 88.6% and national average of 86.8%.

### 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 on the comment cards we received was also positive and aligned with these views.

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

- 96.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.3% and national average of 86.0%.
- 95.7% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85.7% and national average of 81.4%.
- 96.6% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91.9% and national average of 89.6%.
- 92% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87.3% and national average of 84.8%.

A GP partner showed us the patient specific advice sheets they used to help patients understand and make active decisions about their own health and wellbeing. These were tailored to the individual needs of the patient and included the advice given for the patient. This increased patient understanding and allowed patients to refer to the information after the appointment if they wished.

Staff told us that translation services were available for patients who did not have English as a first language.

### 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.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 76 patients, which was 1.5% of the practice list, as carers. Written information was available to direct carers to the various avenues of support available to them. A local carers organisation visited the practice monthly to give patients advice and support.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours on alternative Tuesday, Wednesday and Friday mornings from 7.00am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice included targeted health information on their practice website, specific to the needs of their patients. For example, there was general healthy lifestyles and minor ailments and injuries advice and information aimed at young people.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8:10am and 10:40 every morning and 2:00pm to 5:30 daily. Extended hours surgeries were offered on alternative Tuesday, Wednesday and Friday mornings from 7.00am, for those patients unable to attend during normal working hours. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 93.6% said they were able to see or speak to someone last time they tried, compared to a local CCG average of 85.9% and England average of 85.2%.

- 99.2% of patients found the appointment was very or fairly convenient, compared to an average of 92.8% in the local CCG area and 91.8% across England.
- 83.3% of patients were satisfied with opening hours, compared to a local CCG average of 76.6% and England average of 74.9%.
- 99.1% found it easy to get through to this surgery by phone compared to a CCG average of 76.8% and a national average of 73.3%.
- 93.5% described their experience of making an appointment as good compared to a CCG average 75.9% and a national average of 73.3%.
- 81.4% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average 73.7% and a national average of 64.8%.
- 91.9% said they felt they normally do not have to wait too long to be seen compared to a CCG average 67.7% and a national average of 57.7%.

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

### Listening and learning from concerns and complaints

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

- Their 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, for example, there were posters and leaflets in the patient waiting area and information. There was also information included on the practice website, directing patients to contact the practice manager if they had any complaints and compliments and encouraging feedback.

The practice had received four complaints in the last 12 months. We found the practice had responded with openness and transparency when dealing with the complaint. The practice approached complaints as a learning opportunity and identified where they could improve as a result. However, we noted when responding to a complaint the practice did not inform patients that they could refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO) if they remained

## Are services responsive to people's needs? (for example, to feedback?)

unsatisfied with how the practice had handled their concerns. Of the six patients we spoke with, and the feedback we received from the 24 CQC comment cards completed by patients, none raised concerns about the practice's approach to complaints.



# 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 action plans, which reflected the vision and values and were regularly monitored. The practice planned to further develop the action plans into a comprehensive business plan.

### Governance arrangements

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

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

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took 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 patients 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 the practice held regular team meetings.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), through surveys, suggestions and complaints received. There was an active PPG, which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. We spoke with members of the PPG who told us they felt 'what patients want, patients get'. For example, following feedback the practice had improved car parking arrangements and when moving to the new building had considered and taken action to improve accessibility generally. Following a suggestion, the practice had introduced hand gel dispensers for patient use.
- The practice had gathered feedback from staff through staff away days 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.



# Are services well-led?

Good 

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

## 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. For example, the practice was planning for the increase in housing locally and the impact this would have on demand for services. They participated in the local medicines management scheme to review efficiency and effectiveness of prescribing.

We were satisfied the practice had systems in place for learning from significant events and showed evidence of continuous improvement. The practice worked hard to maintain their level of Quality and Outcomes Framework (QOF) and performance against national screening programmes.