Kepier Medical Practice

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 Kepier Medical Practice on 20 January 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 to report incidents and near misses.
- Risks to patients were assessed and generally well managed. The exception to this was the practices failure to carry out fire evacuation drills.
- The practice carried out clinical audit activity and were able to demonstrate improvements to patient care as a result of this.
- The majority of patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, which were reviewed and updated regularly
- The practice had proactively sought feedback from patients and had an active patient participation group.
- Information about services and how to complain was available and easy to understand.
- The practice was aware of patient dissatisfaction in respect of the appointment system and access to appointments but were taking steps to try and improve.
- The practice had effective systems in place to support patients with long term conditions. They offered an in house type 2 diabetes insulin initiation service and ensured that patients undergoing initiation were given the mobile phone number for the lead GP for diabetes.

However there were areas of practice where the provider needs to make improvements.

Importantly, the provider should:

- Carry out annual fire evacuation drills

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- Carry out a risk assessment documenting why it has not been felt necessary for all non-clinical staff to undertake Disclosure and Barring Service (DBS) checks)
- Obtain suitable references for all newly appointed staff prior to commencement of employment
- Comply with their own procedure in respect of cleaning/replacing privacy curtains in consultation rooms
- Safely secure cord/chain mechanisms on vertical blinds to reduce the risk of accidental choking for small children.

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?

Good

The practice is rated as good for providing safe services.

Nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were generally assessed and well managed.

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, and verbal or written apologies.

The practice was clean and hygienic and good infection control arrangements were in place. However, the practice did not have a formal system in place for carrying out cleaning audits nor for ensuring the privacy curtains in consultation rooms were replaced quarterly in line with their own policy (or six monthly in line with recommended guidance).

There was evidence of effective medicines management and the medicines we checked were in date and stored appropriately. The practice had an effective system in place to monitor the use and movement of blank prescriptions.

A comprehensive staff recruitment policy was in operation but the practice had not ensured that satisfactory references had been obtained for all recently appointed staff before actual commencement of employment. Not all non-clincal staff had received Disclosure and Barring Service (DBS) checks nor was there a risk assessment in operation detailing why this was not felt to be necessary.

Although the practice had a fire risk assessment and carried out regular fire alarm testing there was no evidence of any fire evacuation drills being carried out. The cord mechanisms on vertical blinds in the patient waiting area were not secured and presented a choking hazard to small children.

Are services effective?

Good

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to

Summary of findings

support clinicians with their continuing professional development. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment and had received training appropriate to their roles.

Data from the Quality and Outcomes Framework showed patient outcomes were better than local clinical commissioning group (CCG) and national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved 98.4% of the point's available (local CCG average 95.7% and national average 93.5%).

Achievement rates for cervical screening, flu vaccination and the majority of childhood vaccinations were above or comparable with local and national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 95.3% to 98.8% (compared with the CCG range of 96.2% to 98.9%). For five year olds this ranged from 94.6% to 98.9% (compared to CCG range of 31.6% to 98.9%).

There was evidence of clinical audit activity and improvements made as a result of this. Staff received annual appraisals and were given the opportunity to undertake both mandatory and non-mandatory training.

Are services caring?

Good

The practice is rated as good for providing caring services.

Patients we spoke with during the inspection and those that completed Care Quality Commission comments cards said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the National GP Patient Survey published in July 2015 were either above average or comparable when compared with CCG and national averages in respect of providing caring services. For example, 93% of patients who responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG average 88% and national average 87%) and 96% said the last nurse they saw or spoke to was good at listening to them (CCG average 94% and national average was 91%).

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Results also indicated that 85% of respondents felt the GP treated them with care and concern (CCG average 87% and national average of 85). 99% of patients felt the nurse treated them with care and concern (CCG average 94% and national average 97%).

Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Trends and themes arising from complaints and significant events were identified and implementation of lessons learned monitored appropriately.

The practice's scores in relation to access in the National GP Patient Survey were lower than local and national averages. The most recent results (January 2016) showed that 47% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and the national average of 58%. 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%. The practice were aware of patient dissatisfaction in these areas and were taking steps to improve.

The practice was able to demonstrate that they continually monitored the needs of their patients and responded appropriately. The practice had recently carried out a smarter working review of nurse appointment availability and duties and had also appointed two prescribing pharmacists to increase GP capacity.

The practice had become involved in a number of initiatives to improve services. They were participating in a local care homes integrated team's project. This project involved working collaboratively with multi-agency practitioners to improve services available locally for elderly patients to reduce the number of non-urgent admissions to hospital.

Are services well-led?

Good

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.

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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. A comprehensive three year business development plan was in operation which was regularly reviewed and outlined the practice's aims, objectives and priorities, which included succession planning.

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

The practice proactively sought feedback from staff and patients, which it acted on. An active patient participation group was in operation

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

Good

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

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was above the local clinical commissioning group (CCG) average of 98.7% and the England average of 97.9%.

Patients aged over 75 had a named GP and the practice offered immunisations for pneumonia and shingles to older people. The practice had a palliative care register and held regular multi-disciplinary meetings to discuss and plan end of life care.

The practice was participating in a local care homes integrated team's project. This project involved working collaboratively with multi-agency practitioners to improve services available locally for elderly patients to reduce the number of non-urgent admissions to hospital. The practice told us that by working collaboratively with community nurses, pharmacists, podiatrists, dieticians and social workers they had seen a 44% reduction in the number of emergency admissions to hospital from their care homes.

The practice held open days where flu vaccinations were availalble as well support and advice from organisations such as the Citizens Advice Bureau and emotional and mental health support services. The practice also arranged home visits to local nursing homes to deliver flu vaccination sessions.

People with long term conditions

Good

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

Longer appointments and home visits were available when needed. The practice's computer system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively. Patients with multiple long term conditions were offered a comorbidity review

Practice nurses were supported in undertaking additional training to help them understand and care for patients with certain long term conditions, such as chronic obstructive pulmonary disease (COPD) and asthma. Smoking cessation advice was available from the practice nurse. The practice had a proactive approach to treating

patients with diabetes by ensuring they were offered a review with a GP and by offering a type 2 diabetes insulin initiation service. Patients undergoing initiation were well supported and were given the mobile phone number for the lead GP for diabetes.

The practice regularly referred patients to other services such as local wellbeing 'Sit 'N' 'B' Fit' classes and the recovery at home service. The recovery at home service supported patients who needed short term health or social care support at home rather than them having to stay in or be admitted to hospital or long term care facilities.

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved good outcomes in relation to some of the conditions commonly associated with this population group. For example:

- The practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was 2.9 percentage points above the local CCG average and 2.6 points above the national average.
- The practice had obtained 100% of the points available to them in respect of hypertension. This was 0.5 percentage points above the local CCG average and 2.2 points above the national average. The practice had engaged in a transformation programme to improve GP capacity by training nursing staff and health care assistants to manage and monitor hypertensive patients with GP oversight.

Families, children and young people

Good

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

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Vaccination rates for 12 month and 24 month old babies and five year old children were comparable with national averages.

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For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 95.3% to 98.8% (compared with the CCG range of 96.2% to 98.9%). For five year olds this ranged from 94.6% to 98.9% (compared to CCG range of 31.6% to 98.9%).

Information from the National Cancer Intelligence Network (NCIN) published in March 2015 indicated that 81.5% of the 1761 female patients aged between 25 and 64 listed with the practice had attended cervical screening (compared to the CCG average of 77.2% and national average of 74.3%).

Pregnant women were able to access antenatal clinics provided by healthcare staff attached to the practice. The practice GPs carried out post-natal mother and baby checks and routinely followed up non-attenders.

The practice was participating in locality projects around childhood obesity and teenage sexual health and participated in the C card scheme (a scheme which entitled young people to free condoms, chlamydia testing and advice on drugs, alcohol and sexual health). The practice had a dedicated youth section on their website.

Working age people (including those recently retired and students)

Good

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

The needs of the working age population, those recently retired and students had been met. The practice was open from 8.30am to 6pm on a Monday to Friday although appointments were only available from 9am to 11.30am and 3.20pm to 5.20pm. However, the practice also offered same day and pre bookable telephone consultations to aid patients who worked or were unable to physically attend the surgery.

The practice offered minor surgery, contraceptive services, travel health clinics, smoking cessation and NHS health checks (for patients aged 40-74). The practice had installed a blood pressure machine in the waiting area which patients could use to record their own blood pressure. A system was in place where the results were then recorded on a patient's record and reviewed by a clinical member of staff if the results fell within a certain range to determine whether further action was required.

The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. Patients could opt to receive text message appointment reminders.

Summary of findings

People whose circumstances may make them vulnerable

Good

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

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Patients with learning disabilities were invited to attend the practice for annual hour long health check with a GP and a nurse. They were also routinely offered longer appointments.

The practice had established effective working relationships with multi-disciplinary teams in the case management of vulnerable people. 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 and out of hours.

The practice was proactive in identifying and supporting carers. Carers were offered an annual health check, flu vaccination and referral to the local carers centre.

The practice hosted representatives from the Citizens Advice Bureau twice per week who were able to provide patients with advice on issues such as debt management and relationship issues.

People experiencing poor mental health (including people with dementia)

Good

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

The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face meeting in the last 12 months was 82%. This was in line with the national average of 84%.

Patients experiencing poor mental health were sign posted to various support groups and third sector organisations, such as local wellbeing and psychological support services. The practice hosted counsellors from the local charity which provides confidential support services for people experiencing emotional or mental health problems two sessions per week.

The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. They had been awarded the 'Dementia Friends' accreditation and staff had undertaken dementia awareness training. Patients with dementia, and their carers were regularly signposted to a local service for support and advice.

Summary of findings

What people who use the service say

The results of the National GP Patient Survey published in January 2016 showed patient satisfaction was mixed. For example, results in relation to ease of getting through to the surgery by phone, getting an appointment and overall experience were low but other results, such as trating patients with care and concern and clinicians explaining tests and treatments were comparable or higher than local and national averages. 282 survey forms were distributed and 108 were returned, a response rate of 38%. This represented 2.9% of the practice's patient list.

- 44% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 71% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 75% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 65% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, national average 78%).
- 91% said their GP was good at explaining tests and treatment (CCG average 88%, national average 86%)
- 99% said the nurse was good at treating them with care and concern (CCG average 94%, national average 91%)

The practice were aware of patient dissatisfaction with regard to access and were taking steps to improve by implementing new ways of working and other initiatives.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were mostly positive about the standard of care received. Words used to describe the practice and its staff included excellent, professional, efficient, caring, attentive, first class and outstanding. Four of the cards were less positive and expressed concerns about the appointment system and difficulties in obtaining an appointment.

We spoke with three patients during the inspection, one of whom was a member of the practice patient participation group. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring.

In advance of the inspection we also spoke a community matron who worked closely with, but was not employed by the practice. They reported that they had no concerns in respect of the practice.

Areas for improvement

Action the service SHOULD take to improve

- Carry out annual fire evacuation drills
- Carry out a risk assessment documenting why it has not been felt necessary for all non-clinical staff to undertake Disclosure and Barring Service (DBS) checks)
- Obtain suitable references for all newly appointed staff prior to commencement of employment
- Comply with their own procedure in respect of cleaning/replacing privacy curtains in consultation rooms
- Safely secure cord/chain mechanisms on vertical blinds to reduce the risk of accidental choking for small children.

Kepier Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector, a GP specialist advisor and a specialist advisor with experience of practice management.

Background to Kepier Medical Practice

Kepier Medical Practice is located in the Houghton–le-Spring area of Tyne and Wear to the South of the River Wear. The practice provides care and treatment to 8,554 patients from Houghton le Spring and the surrounding areas of Penshaw, Shiney Row, New Herrington, Philadelphia, Fencehouses, Burnside, East Herrington, West Herrington, Newbottle and East Rainton. It is part of the NHS Sunderland Clinical Commissioning Group (CCG) and operates on a Personal Medical Services (GMS) contract.

The practice provides services from the following address, which we visited during this inspection:

Kepier Medical Practice, Leyburn Grove, Houghton le Spring, DH4 5EQ

The practice is located in purpose built premises which were built in 2001. All reception and consultation rooms are fully accessible for patients with mobility issues. There are two large on-site car parks with dedicated disabled parking bays. A local taxi bus runs from the practice car park to the nearby town centre and local areas. There is a pharmacy adjacent to the practice.

The practice is open from 8.30am to 6.30pm on a Monday to Friday with appointments running from 9am to 11.20am and 3.20pm to 5.20pm.

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).

Kepier Medical Practice offers a range of services and clinic appointments including chronic disease management clinics, antenatal clinics, childhood health surveillance and immunisations, travel vaccinations, teenage sexual health, smoking cessation, drug and alcohol dependency and minor surgery. The practice is a training practice and provides training to GP registrars (fully qualified doctors with experience of hospital medicine who are training to become a GP).

The practice consists of:

- Five GP partners (two male and three female)
- Three salaried GPs (all female)
- Two practice nurses (both female)
- Two practice pharmacists
- A Health Care Assistant
- 14 non-clinical members of staff including a practice manager, assistant manager, administration/reception/ secretarial staff and a cleaner

The area in which the practice is located is in the fourth (out of ten) most deprived decile. In general people living in more deprived areas tend to have greater need for health services.

The practice's age distribution profile showed slightly more patients than the national average in all ager groups over the age of 45. Average life expectancy for the male practice population was 77 (national average 79) and for the female population 80 (national average 83).

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

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 January 2016. During our visit we spoke with a mix of clinical and non-clinical staff including GPs, nursing staff, the practice manager and administration and reception staff. We spoke with three patients, one of whom was a member of the practice's patient participation group (PPG) and observed how staff communicated with patients who visited or telephoned the practice on the day of our inspection. We reviewed 33 Care Quality Commission (CQC) comment cards that had been completed by patients and looked at the records the practice maintained in relation to the provision of services. We also spoke to attached staff that worked closely with, but were not employed by, the practice.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff were well aware of their roles and responsibilities in reporting and recording significant events.
- Significant events were analysed and reviewed on a regular basis at staff meetings as a standard agenda item. Lessons learned were recorded on the practice intranet system so that details were accessible to all staff.

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, an error had occurred where the practice had failed to monitor a patient's blood following a request from the hospital. This had led to a review of the way in which the practice dealt with and monitored such requests and the introduction of a protocol and patient coding system to ensure this did not happen again.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology if appropriate 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 systems, processes and practices in place which generally kept 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 were separate lead GPs for children's and adult safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice held quarterly multi-disciplinary meeting to discuss vulnerable patients. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs were trained to level three in children's safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had all received appropriate training 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).
- Not all non-clinical staff had been subject to DBS checks and there was no evidence of a risk assessment detailing why this had not been considered necessary. All newly recruited staff had been DBS checked.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A comprehensive cleaning schedule was in place and the practice nurse told us that informal cleaning audits were carried out on a regular basis. However, these were not documented.
- The practice cleaning schedule stated that the privacy curtains around consultation couches should be cleaned on a quarterly basis yet staff told us that they were only changed annually or if they were stained or visibly dirty. Recommended guidance states that curtains should be changed on a six monthly basis or when visibly stained/dirty.
- The practice nurse was the infection control lead and carried out infection control audits, details of which were recorded on the practice intranet system where they could be viewed by all members of staff.
- An effective system was in place for the collection and disposal of clinical and other waste.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, although there was an effective system in place to check the expiration dates on medicines in GP bags and replace expired medicines there did not appear to be a standard approach or rationale to the content which varied between GPs.

Good

Are services safe?

- The practice had employed two part time prescribing pharmacists (one full time equivalent) whose roles included reviewing hospital discharge information to ensure patients medication needs were amended appropriately.
- A CCG pharmacist carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A Patient Group Direction allows registered health care professionals, such as nurses, to supply and administer specified medicines, such as vaccines, without a patient having to see a doctor
- Blank prescription pads were stored securely.
- We reviewed the personnel files of two recently employed non clinical staff members and found that not all necessary recruitment checks had been undertaken for all staff prior to employment. One member of staff had been employed prior to suitable references being obtained. We raised this matter with the practice manager who told us that the member of staff in question had been employed conditionally pending receipt of satisfactory references and on the understanding that employment wold be terminated if this was not the case. However, they agreed that references should be received before commencement of employment. The practice should also update their recruitment policy to ensure it includes the need to seek proof of qualifications before employment, where appropriate for clinical staff.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP and practice manager encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents

Monitoring risks to patients

Risks to patients were generally assessed and well managed with the exception of those relating to fire safety:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff were aware of their roles and responsibilities in relation to this. The practice had up to date fire risk assessments and fire alarm testing was carried out on a weekly basis. However, fire drills had not been carried out. All electrical equipment was checked to ensure it 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. Staffing levels were well managed and a GP 'buddy' system was in operation to ensure that GPs reviewed each other's patient test results and discharge information when a GP was absent.
- As the practice had a total of eight GPs they rarely had to rely on the use of locum GPs. When this was necessary, however, relevant checks were undertaken and a comprehensive locum induction pack was in operation.
- During the inspection we found that the cord and chain mechanism on set of vertical blinds in public areas were not anchored down which could present a risk of accidental choking to small children. We mentioned this to the practice manager during our inspection who informed us that this problem would be rectified immediately.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and emergency medicines were available
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. This plan had been reviewed and updated in December 2015.

Good

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 implementation of such guidelines were discussed at clinical meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 98.4% of the total number of points available to them compared with the clinical commissioning group of 95.7% and national average of 93.5%. At 7.9% their clinical exception rate was lower than the local CCG average of 10.8% and national average of 13.6% which suggested that the practice operated an effective patient recall system, where staff were focussed on following patients up and contacting non-attenders. 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.

- The practice had obtained the maximum points available to them for the majority of QOF indicators, including mental health, hypertension, asthma and chronic obstructive pulmonary disease (COPD). The exception to this was for diabetes but the practice had still achieved 94.2% of the points available to them which was 0.7% above the CCG average and 5% above the national average

The practice participated in the medicines optimisation local incentive scheme (which aims to ensure that patients obtain the best possible outcomes from their medicine and to improve the quality, safety and cost effectiveness of prescribing).The practice was able to demonstrate that they were improving in this area, for example, in the prescribing of antibiotics. To address other prescribing issues the practice had worked with a pharmacy technician to produce a quick guide for GPs on cost effective prescribing.

The services offered by the practice included weight management and smoking cessation advice. The practice also offered an in house Type 2 Diabetes Insulin initiation service and ensured that patients undergong initiation had the mobile phone number for the lead GP for diabetes. The practice regularly referred patients to other advice and support services. This included the carers centre, mental health support services, the local wellbeing 'Sit 'N' 'B' Fit programme and Citizens Advice.

The practice was able to demonstrate that it had carried out clinical audit activity to help improve patient outcomes. We saw evidence of several two-cycle audits, including one used to review patients at risk of atypical bone fractures due to having been prescribed bisphosphonate (a medicine used to prevent the loss of bone mass) for longer than 5 years. The review led to the medication being discontinued for 22 patients (51%). A long-term ongoing audit was also being carried out to ensure that pregnant women who developed gestational diabetes received an annual review.

The practice had a palliative care register and held regular multi-disciplinary palliative care meetings to discuss the care and support needs of palliative care patients and their families.

Effective staffing

The staff team included GPs, nursing, managerial, pharmacy, administration and cleaning staff. We reviewed staff training records and found that staff had received a range of mandatory and additional training. This included basic life support, health and safety, infection control, information governance, safeguarding and appropriate clinical based training for clinical staff.

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list). The practice nurses reported they were supported in seeking and attending continual professional development and training courses.

Good

Are services effective?

(for example, treatment is effective)

The practice had an effective staff appraisal system in operation which included the identification of training needs and development of personal development plans. The practice manager told us that this system had been instrumental in empowering staff to undertake new duties, such as carrying out finance related tasks, mentoring new starters and becoming health care assistants.

The practice continually looked at demand for appointments and staffing requirements. As a result the practice had introduced a GP telephone triage system and employed practice pharmacists to free up GP appointment time. We looked at staff cover arrangements and identified that there were sufficient staff on duty when the practice was open. Holiday, study leave and sickness were covered in house whenever possible. When the practice did have to use a locum GP an effective locum induction pack was in operation.

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.
- 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 regular basis and that care plans were reviewed and updated. The practice adopted a joint care panning approach and used emergency health care plans (EHCPs) and health and social care plans.

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. The GP was an experienced approved mental health practitioner.
- 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.

Patients were supported to express their views and were involved in making decisions about their care and treatment. Of the 108 patients who participated in the National GP Patient Survey published in January 2016, 86% reported the last GP they visited had been good at involving them in decisions about their care. This compared to a national average of 82% and local CCG average of 83%. The same survey revealed that 94% of patients felt the last nurse they had seen had been good at involving them in decision about their care compared with a national average of 85% and local CCG average of 89%.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients requiring palliative care, carers and those with a long-term and mental health condition or learning disability.

Information from the National Cancer Intelligence Network (NICIN) published in March 2015 indicated that 81.5% of the 1761 female patients aged between 25 and 64 listed with the practice had attended cervical screening within a target period (local CCG average 77.2% and national average 74.3%). The practice was performing well in ensuring that samples taken were adequate for screening.

Childhood immunisation rates were comparable with local CCG averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 95.3% to 98.8% (compared with the CCG range of 96.2% to 98.9%). For five year olds this ranged from 94.6% to 98.9% (compared to CCG range of 31.6% to 98.9%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and

Good

Are services effective?

(for example, treatment is effective)

checks were made, where abnormalities or risk factors were identified. Information such as NHS patient information leaflets was also available. There were separate information boards in the reception area dedicated to each of the six key population groups.

The practice used a text reminder system to remind patients of appointments and to book appointments for other services, such as chronic disease management reviews, childhood immunisations, flu vaccinations and health checks. The practice felt that the introduction of this system, together with online appointment and cancellation services would lead to a decrease in the number of patients who did not attend for appointments.

The practice had installed a blood pressure machine in their waiting area which patients could use to take their own blood pressure reading. The results were then noted on a patients record and a system was in place to ensure results that fell outside of a certain range were reviewed by either a nurse of health care assistant. Patients would then be contacted for a further review if any concerns were highlighted.

One of the practice GPs was involved in designing health and care plan templates for a computer system widely used by GP practices.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

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

We received 33 completed CQC comment cards, the majority of which were very complimentary about the practice. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with three patients during our inspection. 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 (published in January 2016) showed patient satisfaction was comparable with local and national averages in respect of being treated with compassion, dignity and respect. For example:

- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 99% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 97%.
- 88% patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 showed patient satisfaction was above average in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 88% and the national average of 87%.
- 89% said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 89%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 96% said the last nurse they spoke to was good listening to them compared to the CCG average of 94% and the national average of 91%.
- 98% said the nurse gave them enough time compared to the CCG average of 95% and the national average of 92%.

The practice had access to a translation service for patients who did not have English as a first language. There was also had a hearing loop for patients with hearing difficulties.

Patients with a learning disability were routinely offered longer appointments and an annual review lasting an hour with a practice nurse.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice had separate notice boards dedicated to each of the six key population groups.

The practice pro-actively identified carers and ensured they were offered flu vaccinations, annual health checks and appropriate advice and support. The practice computer system alerted clinicians if a patient was a carer. They had identified 253 of their patients as being a carer (2.96% of the practice patient population), all of whom had a named GP.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of its local population planned services accordingly. Services took account the needs of different patient groups and to help provide flexibility, choice and continuity of care.

- There were longer appointments available for anyone who needed them. Patients with a learning disability were routinely offered a longer appointment and an hour long appointment with a GP and a practice nurse for their annual health review
- Home visits were available for older patients, housebound patients and patients who would benefit from these.
- The appointment system operated by the practice ensured that patients could generally get an urgent appointment or telephone consultation with a GP the same day.
- The practice had appointed prescribing pharmacists which had led to increased GP capacity
- The practice had carried out a smarter working review in respect of nurse appointments which had resulted in changes to the appointment system and the amount of time allocated to the nursing team
- There were disabled facilities and translation services available. The practice had a hearing loop and one of the staff members was able to communicate in sign language
- All patient facilities were easily accessible to patients with a mobility issue.
- The practice offered online services to book appointments and request repeat prescriptions.
- The practice offered a text reminder system which could also be used to remind patients to book other services or to complete practice surveys
- The practice had been awarded the 'Dementia Friends' accreditation and staff had undertaken dementia awareness training. Patients with dementia, and their carers were regularly signposted to the Essence Service, ran by Age UK for support and advice.
- The practice was participating in a local care homes integrated team's project. This involved working collaboratively with multi-agency practitioners to improve services available locally for elderly patients and reduce the number of non-urgent admissions to hospital.

Access to the service

The practice was open from 8.30am to 6pm on a Monday to Friday with appointments being available from 9am to 11.30am and from 3.20pm to 5.20pm. The appointment system offered by the practice enabled patients to pre book appointments up to two weeks in advance. However, a number of appointments were embargoed for release from 8.30am the same day. Once these appointment slots had been filled patients requesting urgent appointments would be added to the telephone triage list for one of the GPs. The patient would then receive a telephone call from a GP to determine the most appropriate course of action required.

Results from the National GP Patient Survey (January 2016) showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages.

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 75%.
- 44% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and the national average of 73%.
- 57% of patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.
- 47% of patients said they usually waited less than 15 minutes their appointment time compared to the CCG average of 64% and the national average of 58%.
- 71% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.

The practice were aware of patient dissatisfaction in these areas and managers told us that patient access was continually monitored and discussed regularly. They told us that existing GPs would deliver extra sessions when necessary, such as when there was a three month delay in filling a GP vacancy. The practice had taken a number of steps to try and improve access and availability of appointments. This had included:

- Introducing a GP telephone triage system

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Employing prescribing pharmacists with the aim of freeing up GP appointment time.
- Carrying out a smarter working review of nurse appointment availability and making improvements to access as a result of this.
- Encouraging uptake of online appointment booking and cancellation facility.
- Using text appointment reminders.
- Updating the recorded message on the telephone system to remind patients of when it was appropriate to seek appointments for antibiotics.
- Developing a notice board in the reception area to signpost patients to other services available locally, such as pharmacies and the local walk-in centre.
- The practice had engaged in a transformation programme to improve GP capacity by training nursing staff and health care assistants to manage and monitor hypertensive patients

Patients we spoke to on the day of the inspection and some of those that completed CQC comment cards told us it was sometimes difficult to get an appointment. We looked at appointment availability during our inspection and found that a GP appointment was available the same day. The next routine appointment with a named GP was two weeks later. A routine appointment with a nurse was available the same day.

Listening and learning from concerns and complaints

The practice had an effective system in place for monitoring, dealing with and responding to complaints.

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available in the reception area to help patients understand the complaints system.

We looked at six complaints that the practice had received from 1 April 2015 to the date of our inspection. We found that these had been satisfactorily handled, dealt with in a timely way and apologies issued when necessary. Complaints were discussed on a four week rotational basis at weekly clinical meetings to identify themes and learning points.

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 vision was to deliver high quality care and promote good outcomes for patients

The practice mission statement was 'to promote and deliver effective family healthcare to the highest available standard'. The practice manager told us staff had been asked to contribute to the development of the mission statement during their appraisals and we saw that copies of the mission statement were displayed in staff areas.

The practice had a comprehensive three year practice development plan which had been reviewed and updated in December 2015. This identified practice priorities, aims and objectives and also included evidence of workforce succession planning

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. Staff were aware of their own roles and responsibilities as well as the roles and responsibilities of others.
- Up to date practice specific policies were available for staff and were easily accessible
- Arrangements were in place to identify and manage risks and implement mitigating actions.
- There was evidence of an effective programme of clinical audit activity which improved outcomes for patients
- The practice continually reviewed their performance in relation to, for example QOF, referral rates and prescribing

Leadership and culture

The GPs had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

- Clinical and non-clinical staff meetings were held on a regular basis.
- 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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- The practice had established both a 'virtual' and 'actual' patient participation group. The virtual (E Forum) group consisted of approximately 37 members whose comments and participation was sought via email. The actual group consisted of six members who met on a quarterly basis. Past aims and objectives which the group had worked on had been to improve the practice waiting room, increase patient and staff awareness of the local walk in centre and to consider ways in which to reduce the number of patients who did not attend for appointments. The group also linked in with the Coalfields Locality Patient Group where it was able to benchmark with other patient participation groups in the area.
- The practice was able to demonstrate that it responded to patient feedback. For example, changes had been made to the practice telephone system as the result of a patient complaint.
- The practice regularly reviewed the results of their friends and family test. 87% of the 561 responses the practice had received during the period 21 January 2015 to 15 January 2016 stated they would recommend the practice to friends and family members. 421 of these patients had rated the practice as five (out of five) stars.

Continuous improvement

Are services well-led?

Good

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

The practice was committed to continuous learning and improvement at all levels. For example, the practice had recently carried out a smarter working review or nursing appointment availability and had appointed prescribing pharmacists to free up GP appointment time.

The practice team was forward thinking and part of local pilot schemes and initiatives to improve outcomes for patients in the area. This included:

- Participating in a local care homes integrated team's project. This project involved working collaboratively with multi-agency practitioners to improve services available locally for elderly patients to reduce the number of non-urgent admissions to hospital.
- Participating in the BIG project, a programme to support men and women who are the perpetrators of domestic abuse
- Hosting representatives from the Citizens Advice Bureau and local emotional and mental health support service on a weekly basis