

Dr M E Scott & Partners (also known as Newburn Surgery)

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 Dr M E Scott & Partners on 6 October 2015. Overall the practice is rated as good.

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

- Risks to patients were assessed and well managed.
- Significant events were recorded, investigated and learned from. However, staff awareness of significant events was limited.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- The practice was in the process of securing more suitable premises for the surgery to operate from. The practice management team had done as much as they could to modify the premises to suit patients' needs.
- There was a clear leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.

We saw an area of outstanding practice:

- The practice had been involved in local CCG projects to improve the care of those patients with long term conditions. This included a chronic obstructive pulmonary disease (COPD) project which ensured the identification and management of patients with this condition. There was also a social prescribing project, Ways to Wellness, which provides support to patients

Summary of findings

with certain long-term health conditions. A Link Worker works with each person referred, on a one-to-one basis, in the areas where they most need support.

The areas where the provider should make improvements are:

- Consider training staff on the significant event process.
- Set up a system to ensure the relevant staff have seen and read patient safety alerts.
- Carry out disclosure and barring checks (DBS) for staff who carry out the role of chaperone.
- Set up a system to record clinical audit and ensure the audits have clear standards and evidence of audit cycle.
- Consider replacement of carpets within treatment rooms adjacent to consulting rooms with easy clean flooring.

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. We found significant events were recorded, investigated and learned from. However, staff awareness of significant events was limited. Risks to patients were assessed and well managed. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them, other than those who acted as chaperones. There were infection control arrangements in place and the practice was clean and hygienic. There were systems and processes in place for the safe management of medicines. There was enough staff to keep patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training and any further training needs had been identified. There was evidence of appraisals for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the clinical commissioning group (CCG) in an attempt to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day. The practice were in the process of securing more suitable premises for the surgery to operate from. The practice management team had done as much as they could to modify the premises to suit

Good



Summary of findings

patients' needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as good for being well-led. They had a clear vision for the future and staff were clear about their responsibilities in relation to these. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had a patient participation group (PPG) which was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. They offered proactive, personalised care to meet the needs of the older people in its population. For example, patients at high risk of hospital admission and those in vulnerable circumstances had care plans. These patients were offered an enhanced summary care record, which provided healthcare staff treating patients in an emergency or out-of-hours facility with faster access to key clinical information.

The practice was responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs. Patients over the age of 75 had a named GP and were offered annual health checks. Prescriptions could be sent to any local pharmacy electronically.

The practice had a close relationship with the care homes where their patients lived. They were involved with the local CCG care homes project and visited them weekly and had developed individual care plans for patients.

The practice maintained a palliative care register and end of life care plans were in place for those patients it was appropriate for. They offered immunisations for pneumonia and shingles to older people and provided flu vaccinations to older people as a priority.

Good



People with long term conditions

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

The practice had been involved in local clinical commissioning group (CCG) projects to improve the care of those patients with long term conditions. These included;

- A chronic obstructive pulmonary disease (COPD) project which ensured the identification and management of patients with this condition.
- A social prescribing project, Ways to Wellness, which provides support to patients with certain long-term health conditions who are referred by their GP in the local area. A Link Worker works with each person referred, on a one-to-one basis, in the areas where they most need support.

Outstanding



Summary of findings

The practice were also involved in the diabetes year of care project in providing personalised results to patients to provide shared goals and action plans for patients.

Nationally reported data showed that outcomes for patients with long term conditions were good for example, performance for asthma related indicators was above the national average (100% compared to 97.2% nationally). Current QOF results for 2013/14 were 99.6% of the total number of points available.

There practice had a register for patients with long term conditions; this was not only for conditions defined by QOF but for other conditions for example gout. There were allocated clinical lead roles in chronic disease management. Patients were provided an annual review in their birthday month check that their health and medication needs were being met.

The practice offered flu vaccines to all patients with long term conditions. There were flexible appointments including telephone appointments and home visits where necessary.

The practice had recently enabled on line access to patients medical record and test results which could help patients manage their condition.

Families, children and young people

The practice is rated as good for the care of families, children and young people. 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 accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies.

The practice had weekly antenatal clinics ensuring good liaison with midwifery staff. Tuesdays were called 'child health day' as there was access to the midwife, health visitor, practice nurse and GP for child health checks. There were appointments available outside of school hours and same day urgent appointments at the parents request.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services which included appointment booking, test results and ordering repeat

Good



Summary of findings

prescriptions. Text reminders for appointments were available to patients. There was a full range of health promotion and screening that reflected the needs for this age group. There were flexible appointments available including telephone consultations and extended opening hours on a Monday evening and every fourth Saturday when minor surgery clinics were available.

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 those with a learning disability. They carried out annual health checks for people with a learning disability.

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

Good



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). There was a lead GP for patients experiencing poor mental health and for people with dementia. All patients experiencing severe mental health had agreed care plans in place. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. They carried out advanced care planning for patients with dementia. 82.3% of patients identified as living with dementia had received an annual review in 2013/14 (national average 83.8%) and had agreed care plans in place. The practice also worked together with their carers to assess their needs.

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 (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

We spoke with six patients on the day of our inspection, which included two members of the practice's patient participation group (PPG).

All of the patients we spoke with were satisfied with the care they received from the practice. They told us staff were friendly and helpful and they received a good service. Patients said they did not have difficulty obtaining an appointment to see a GP. Two patients mentioned that they felt the practice needed a new building to work from.

We reviewed 31 CQC comment cards completed by patients prior to the inspection. The cards completed were overwhelmingly positive. Comments included excellent, staff very helpful and good access to appointments. One person said the practice building needed an update.

The latest GP Patient Survey published in July 2015 showed that scores from patients were almost all above national and local averages. Patients who described their overall experience as good was 96%, which was well above the local clinical commissioning group (CCG) average of 86% and the national average of 85%. Other results were as follows;

- The proportion of patients who would recommend their GP surgery – 90% (local CCG average 79%, national average 78%).
- 99% said the GP was good at listening to them compared to the local CCG average of 90% and national average of 89%.
- 100% said the GP gave them enough time compared to the local CCG average of 88% and national average of 87%.
- 89% said the nurse was good at listening to them compared to the local CCG average of 92% and national average of 91%.

- 98% said the nurse gave them enough time compared to the local CCG average of 94% and national average of 92%.
- GP Patient Survey score for opening hours – 79% (local CCG average 78 %, national average 75%).
- Percentage of patients who were able to see or get to speak to their usual GP - 77% (local CCG average 61%, national average 60%).
- Percentage of patients who were able to get an appointment to see or speak to someone last time they tried - 95% (local CCG average 85%, national average 85%).
- Percentage of patients who find the receptionists at this surgery helpful - 95% (local CCG average 87%, national average 87%).

These results were based on 98 surveys that were returned from a total of 285 sent out; a response rate of 34%.

The practice carried out its own survey in January 2015. Satisfaction was measured as being positive, neutral or negative. An example of the results are;

- Satisfaction with receptionist positive 96%, neutral 4%, negative 0%.
- Satisfaction with ability to see preferred GP positive 71%, neutral 24%, negative 5%.
- % who commented on ability to get urgent same day appointment positive 91%, neutral 0%, negative 9%.
- Satisfaction with in surgery wait time positive 66.5%, neutral 31%, negative 2.5%.

The results were based on 166 survey forms returned out of 550 issued (10% of the practice population) a return rate of 30%.

Areas for improvement

Action the service SHOULD take to improve

- Consider training staff on the significant event process.
- Set up a system to ensure the relevant staff have seen and read patient safety alerts.

Summary of findings

- Carry out disclosure and barring checks (DBS) for staff who carry out the role of chaperone.
- Set up a system to record clinical audit and ensure the audits have clear standards and evidence of audit cycle.

Consider replacement of carpets within treatment rooms adjacent to consulting rooms with easy clean flooring.

Outstanding practice

The provision of services for patients with long term conditions. The practice had been involved in local CCG projects to improve the care of those patients with long term conditions. This included a chronic obstructive pulmonary disease (COPD) project which ensured the

identification and management of patients with this condition. Also social prescribing project, Ways to Wellness, which provides support to patients with certain long-term health conditions.

Dr M E Scott & Partners (also known as Newburn Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a CQC corporate provider manager.

Background to Dr M E Scott & Partners (also known as Newburn Surgery)

Dr ME Scott and Partners is based in the west end of Newcastle Upon Tyne. The area covered by the practice is Newburn, Throckley, Walbottle, North Walbottle, West Denton, Chapel House, Chapel Park, Lemington and Stella Riverside. The practice provides services from one location, Newburn Surgery, 4 Newburn Road, Newburn Newcastle Upon Tyne, NE15 8LX.

Newburn Surgery operates from a converted house in Newburn which has been extended to provide extra consulting rooms. Patient facilities are on the ground and first floors. There is step free access at the front of the building and a disabled toilet on the ground floor. There is no dedicated parking for patients; the surgery is on a main road. Car parking can be found in the streets close to the surgery.

The practice has four GP partners and one salaried GP, three female and two male. The practice is a training

practice and teaches 3rd, 4th and 5th year medical students and also foundation year doctors. At the time of our inspection there were two foundation year doctors working at the practice.

There is a nurse prescriber, a practice nurse and two health care assistants. There is a practice manager, deputy practice manager, seven reception and administrative staff and one domestic member of staff.

The practice provides services to approximately 5,400 patients of all ages. The practice is commissioned to provide services within a General Medical Services (GMS) contract with NHS England.

The practice is open between 8.30am and 6pm Monday to Friday. There are extended opening hours on 6:30pm and 7pm on Monday evenings and the surgery opens every fourth Saturday between 9am and 11am.

Consulting times are Monday to Friday 8.50am to 11.50am, 3.10pm to 5.40pm every afternoon other than a Wednesday when they are between 3pm and 5pm. Consulting times on a Monday evening are 6.30pm to 6.50pm.

The service for patients requiring urgent medical attention out of hours is through the NHS 111 service and Northern Doctors Urgent Care Limited.

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

Detailed findings

part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 we hold about the practice and asked other organisations to share what they knew. This included the local Clinical Commissioning Group (CCG) and NHS England.

We carried out an announced visit on 6 October 2015. During our visit we spoke with a range of staff. This included a GP partner and a salaried GP, the practice manager, practice nurse and reception and administrative staff. We also spoke with six patients. We reviewed 31 CQC comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. However, when we spoke with staff they seemed unsure what a significant event was. They told us that if there were any issues they would be reported to the practice manager. The practice carried out an annual analysis of significant events and this also formed part of the GPs' individual revalidation process. There had been seven reported within the last twelve months.

We reviewed safety records, incident reports 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 out of date vaccine had been administered to a patient. Extra checks of vaccines were put in place, to be carried out by the Healthcare Assistant, to reduce the risk of this happening again.

The practice manager managed the dissemination of national patient safety alerts. They decided who needed to see them and emailed them to the relevant member of staff. However, there was no system in place to ensure that the appropriate members of staff had read the alert and taken any necessary action.

Safety was monitored using information from a range of sources, including the National Patient Safety Agency and the National Institute for Health and Care Excellence (NPSA and NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having systems in place for safeguarding, health and safety including infection control, and staffing.

- Arrangements were in place to safeguard adults and children 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 GP 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.
- A notice was displayed in the waiting room, advising patients that they could request a chaperone, if required. Staff who were trained as chaperones carried out this role. However, not all staff who carried out this role had received a disclosure and barring service check (DBS). These 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. Following the inspection the practice manager advised us that these checks had been arranged.
- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy and risk assessment. The practice had fire risk assessments in place. There was a lead fire warden and staff received annual fire awareness briefings. The practice manager carried out regular 'walk arounds' of the premises. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the GP partners was the infection control lead. Staff had received infection control training. There was an annual infection control statement and infection control audits. There was a formal legionella risk assessment. However, there were some treatment rooms adjacent to doctors consulting rooms which were carpeted. Treatment rooms should not be carpet due to risk of spillage. We were told these rooms were rarely used for clinical procedures and the risk of spillage low.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We saw that prescription pads were securely stored and blank prescription forms were handled in accordance with national guidance.
- Recruitment checks were carried out and the files we sampled showed that 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 DBS checks.

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were policies in place regarding the numbers of staff required to be on duty. The deputy practice manager organised the GP cover and a member of the administration team the staff cover.

Arrangements to deal with emergencies and major incidents

All staff received basic life support training and there were emergency medicines available in the practice. The

practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as building damage. The plan included emergency contact numbers for staff and was updated on a regular basis. There was also a separate contingency plan in case of power failure.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute for Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with atrial fibrillation. The practice monitored that any guidelines used were followed through audits and random sample checks of patient records.

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, 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. Smoking cessation advice was available from the practice.

The practice's uptake for the cervical screening programme was 80.7%, which was above the national average of 76.9% and local CCG average of 75.8%. The practice also encouraged its patients to attend national screening programmes such as breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the local clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 88.5% to 100% and five year olds from 89.7% to 100%. Flu vaccination rates for the over 65s were 82%, and at risk groups 62.2%. These were also above the national averages of 73.2% and 52.2% respectively.

Patients had access to appropriate health assessments and checks. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Co-ordinating patient care

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 test results. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on going care and treatment. This included when people 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 and that care plans were routinely reviewed and updated.

Management, monitoring and improving outcomes for people

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

Current results for 2013/14 were 99.6% of the total number of points available.

Results showed;

- Performance for diabetes related indicators was above the national average (97% compared to 90.1% nationally).
- Performance for asthma related indicators was above the national average (100% compared to 97.2% nationally).
- Performance for mental health related indicators was above the national average (99.6% compared to 89.4% nationally).
- The percentage of patients diagnosed with severe mental health who have a documented care plan in place which has been reviewed in the last twelve months was above the national average (100% compared to 86%).

Are services effective?

(for example, treatment is effective)

- The percentage of patients diagnosed as living with dementia whose care had been reviewed in the preceding 12 months was similar to the national average (82.3% compared to 83.8% nationally).

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and people's outcomes. However, there was no overall schedule of audit. Audits were not comprehensive or systematic and did not have clear standards and evidence of audit cycle. The practice were currently carrying out two cycle audits.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, following a significant event analysis, the practice were currently auditing the use of antidiabetic medication which is used in the management of diabetes mellitus type 2.

Information about patients' outcomes was used to make improvements. For example, the practice conducted monthly reviews of hospital admissions and accident and emergency attendances of patients at high risk of hospital admission.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and responsibilities of their job role.
- 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 those learning needs and to cover the scope of their work. This included on going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision, and facilitation and support for the revalidation of doctors. The salaried GP received an appraisal. All staff had had an appraisal within the last 12 months. Staff told us they felt well supported in carrying out their duties.

Staff received training that included: safeguarding vulnerable adults and children, fire procedures, basic life support and information governance awareness. Clinicians and practice nurses had completed training relevant to their role which included domestic violence and mental capacity act training.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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. 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.

All of the 31 patient CQC comment cards we received were wholly positive about the service experienced.

Patients we spoke with were satisfied with the care they received from the practice. They told us staff were friendly and helpful and they received a good service.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The results from the latest National GP Patient Survey showed 95% of patients who responded said they found the receptionists at the practice helpful; compared to the local CCG and national average of 87%.

The practice's computer system alerted GPs if a patient was also a carer. Patients identified as carers were being supported, for example, by offering health checks. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

Results from the National GP Patient Survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was well above local and national averages for its satisfaction scores on consultations with doctors and in line with local and national averages for nurses. For example;

- 99% said the GP was good at listening to them compared to the local CCG average of 90% and national average of 89%.
- 100% said the GP gave them enough time compared to the local CCG average of 88% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the local CCG average of 96% and national average of 95%.
- 100% said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 87% and national average of 85%.
- 89% said the nurse was good at listening to them compared to the local CCG average of 92% and national average of 91%.
- 98% said the nurse gave them enough time compared to the local CCG average of 94% and national average of 92%.
- 93% said they had confidence and trust in the last nurse they saw compared to the local CCG average of 89% and national average of 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 92% and national average of 90%.

Results from the practice's own survey carried out in January 2015 were as follows:

- 97% of replies regarding GP care were positive.
- 92% of replies regarding nurse care were positive.
- 97% of replies regarding the amount of time the GP spends with the patient were positive.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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

Are services caring?

their involvement in planning and making decisions about their care and treatment. Results for GPs were well above local and national averages and for nurses were in line with the local and national averages. For example;

- 99% said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 88% and national average of 86%.
- 99% said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 84% and national average of 81%.

- 95% said the last nurse they saw was good at explaining tests and treatments compared to the local CCG average of 91% and national average of 90%.
- 84% said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 87% and national average of 85%

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, in January and February of 2015 the practice participated in a CCG sponsored project undertaken by the Primary Care Foundation to look at how they managed access and urgent care in the practice. The report recommended where further improvements could be made but confirmed effective management of the appointments system.

The practice had a virtual patient participation group (PPG) of around 130 patients who they communicated with by email and included in the practice surveys. They also had a PPG group of between six and ten members who met three times a year. We spoke with two members of the group. Both commented positively on how the practice was open to change. Examples of improvements the group had influenced included changes made to the practice information booklet and changes to the telephone appointments system.

Services were planned and delivered to take into account the needs of different patient groups and to help to provide flexibility, choice and continuity of care. For example;

- The practice offered extended opening hours between 6.30pm and 7pm on Monday evenings and the surgery opened every fourth Saturday between 9am and 11am.
- Appointments with GPs could be booked online.
- Home visits were available for older patients / patients who could not come to the surgery.
- Urgent access appointments were available for children and those with serious medical conditions.
- Phlebotomy was available in the practice two days a week.
- A hearing loop and translation services were available.
- The practice provided minor surgery.
- The practice had a supply of commonly used easy read leaflets. This included information cervical screening, bowel and breast screening.

The surgery premises were a challenge for the practice, in terms of being an older building and being too small. One of the CQC comment cards and two patients we spoke with said they felt the practice needed a new building to work from. The practice management team had done as much as they could to modify the premises to suit patients'

needs. For example, there was disabled access to consulting rooms on the ground floor and an accessible toilet for patients with disabilities. The practice was in the process of securing more suitable premises to operate from.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. There were extended opening hours between 6.30pm and 7pm on Monday evenings and the surgery opened every fourth Saturday between 9am and 11am. Consulting times were Monday to Friday 8.50am to 11.50am, 3.10pm to 5.40pm every afternoon other than a Wednesday when they are between 3pm and 5pm. Consulting times on a Monday evening were 6.30pm to 6.50pm.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. Routine appointments to see a GP were available to be booked that day, as were appointments to see the healthcare assistant. Appointments to see a practice nurse were available to be booked in two working days' time. Urgent same-day appointments were made available for patients each day. The practice offered same day telephone consultations with a GP and practice nurse too. This helped to improve same day access to the service for the practice's patients.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. For example;

- 79% of patients were satisfied with the practice's opening hours compared to the local CCG average of 78% and national average of 75%.
- 97% patients said they could get through easily to the surgery by phone compared to the local CCG average of 78% and national average of 73%.
- 92% patients described their experience of making an appointment as good compared to the local CCG average of 74% and national average of 73%.
- 74% patients said they usually waited 15 minutes or less after their appointment time compared to the local CCG average of 68% and national average of 65%.

Results from the practice's own survey carried out in January 2015 were as follows;

- 93% of replies were positive regarding the practice opening hours.

Are services responsive to people's needs?

(for example, to feedback?)

- 71% of replies were positive regarding patients being able to see their preferred GP.
- 91% commented positively about being able to get a same day appointment.
- 79% of replies were positive regarding being able to see their usual GP most of the time.

Listening and learning from concerns and complaints

The practice had a 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. This included leaflets in

the patient waiting area and on the practice's website. Patients we spoke with were aware of the process to follow if they wished to make a complaint. Staff we spoke with were aware of the practice's policy and knew how to respond in the event of a patient raising a complaint or concern with them directly.

We saw the practice had received seven formal complaints in the last 12 months and these had been investigated in line with their complaints procedure. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. Complaints and lessons to be learned from them were discussed at staff meetings. Formal reviews of complaints received by the practice were completed on a yearly basis.

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 vision to deliver high quality medical services while remaining financially viable and to improve services through provision of better premises.

Staff we spoke with showed they shared these values and they consistently spoke about the care of patients being their main priority.

The practice did not have a formally developed business plan however; they knew where their key priorities were and what they did well. The practice had tried to establish new premises three years ago which was unsuccessful at a very late stage. They were currently focusing a great deal of time and effort into another project to obtain new premises which they hoped would be successful soon.

The practice saw its challenges as being in an area of high levels of deprivation and having patients with high levels of long term conditions and an ageing population. All of these factors made the workload for the practice more challenging.

Governance arrangements

The practice had operated as a partnership with one of the GP partner as the lead for the management of the practice in close liaison with the practice manager.

Governance systems in the practice were underpinned by;

- Clear terms of reference for staff and a staffing structure.
- Named members of staff took on lead roles. For example, one GP partner led on infection control, another GP led on safeguarding.
- Allocated clinical leads for key long term conditions.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.

- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service.
- Acting on any concerns raised by both patients and staff.

The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.

Innovation

The practice engaged with the wider NHS. The practice was a local clinical commissioning group member practice. The GPs met with four local practices for educational events and the lead GP partner was the director of the local GP federation.

The practice had a close relationship with the care homes where their patients lived. They were involved with the local CCG care homes project and visited them weekly and had developed individual care plans for patients.

The practice had been involved in local CCG projects to improve the care of those patients with long term conditions. These included;

- A chronic obstructive pulmonary disease (COPD) project which ensured the identification and management of patients with this condition.
- A social prescribing project, Ways to Wellness, which provides support to patients with certain long-term health conditions who are referred by their GP in the local area. A Link Worker works with each person referred, on a one-to-one basis, in the areas where they most need support.

The practice had recently enabled on line access to patients medical record and test results which could help patients manage their condition.

The practice had Wi-Fi in the waiting area of the practice for patients to use.