

St Georges & Riverside Medical Group

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

On 6 September 2016 we carried out an announced comprehensive inspection at St George's and Riverside Medical Group. The overall rating for the practice was requires improvement, having being judged as requires improvement for Safe, Effective and Well Led. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for St George's and Riverside Medical Group on our website at www.cqc.org.uk. After the comprehensive inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

- Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

This announced comprehensive inspection was carried out on the 27 April 2017 in order to review the action by the practice to be compliant with the regulations. Overall the practice is now rated as good.

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses; improvements had been made to the significant event reporting process.
- Risks to patients were assessed and well managed.
- Outcomes for patients who use services had improved and there was a programme of clinical audit in place.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion. Information was provided to patients to help them understand the care and treatment available.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had a system in place for handling complaints and concerns and responded quickly to any complaints.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.
- The practice was aware of and complied with the requirements of the Duty of Candour regulation.

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

In addition the provider should:

- Liaise with the landlord of the premises to repair or replace the damaged seats in the reception area.
- Follow the Public Health Guidelines in relation to the record keeping of the stock control of vaccines.
- Update the locum induction pack with more comprehensive information, for example, safeguarding arrangements for the practice and locality.
- Complete the process for appointing a registered manager for the merged practice in line with CQC guidance.

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. The practice had taken action to address the areas which required improvement during our previous inspection in September 2016.

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 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.

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements.

The practice was clean and hygienic, and infection control arrangements were in place, although there were some damaged seating in the reception area which needed to be repaired or replaced. The practice had contacted the landlord regarding this.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe, other than the records in relation to vaccine stock control which did not follow Public Health England Guidance.

The practice had increased the number of GPs and recruited more experienced administration staff since the previous inspection. Staff recruitment and induction policies were in operation and staff had received Disclosure and Barring Service (DBS) checks where appropriate.

Good



Are services effective?

The practice is rated as good for providing effective services. The practice had taken action to address the areas which required improvement during our previous inspection in September 2016.

Patients' needs were assessed and care was planned and delivered in line with current legislation. 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 (QOF) showed that patient outcomes had improved since our previous inspection, the

Good



Summary of findings

practice demonstrated this through the unpublished QOF data for 2016/17 they shared with us which showed they had achieved 98.7% of the points available to them. The practice had a system of clinical audit in place to improve outcomes for patients.

Staff received annual appraisals. They were given the opportunity to undertake both mandatory and non-mandatory training.

Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Data was lower for some of the GP scores in the National GP Patient Survey, however, other scores were above local and national averages, for example, 97% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice reviewed the needs of their local population and engaged with the clinical commissioning group (CCG) in an attempt to secure improvements to services where these were identified. The practice provided a good range of services for patients, such as minor surgery, family planning, phlebotomy, travel vaccines and an anti-coagulation clinic. There were extended opening hours on a Saturday morning and a Tuesday evening.

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

Good



Are services well-led?

The practice is rated as good for being well-led. The practice had taken action to address the areas which required improvement during our previous inspection in September 2016.

The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures in place to govern activity.

Good



Summary of findings

There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The provider was aware of and complied with the requirements of the Duty of Candour regulation. 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 sought feedback from staff and patients, which it acted on.

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.

The practice 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 in place. All patients over the age of 75 had an allocated named GP. The practice maintained a palliative care register and end of life care plans were in place for those patients they were appropriate for. They offered immunisations against pneumonia and shingles to older people and in their own home where necessary. Prescriptions could be sent to any local pharmacy electronically. The practice had recently introduced a phlebotomy service.

Good



People with long term conditions

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

Nursing staff had lead roles in chronic disease management. Patients at risk of hospital admission were identified as a priority for care and support by the practice.

The practice provided data that showed that outcomes for patients with long-term conditions had improved recently, for example, the practice had recently received maximum points (100%) for the clinical indicator for asthma in the Quality and Outcomes Framework (QOF). This was as a result of the practice improving their recall system for patients with long term conditions.

Longer appointments and home visits were available when needed. All patients with a long-term condition had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. There were monthly integrated care meetings.

Good



Families, children and young people

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

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

Good



Summary of findings

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.

There were arrangements for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to five year olds were at 98%, compared to CCG averages of 96% to 99%. Urgent appointments for children were available on the same day. Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice. The practice provided emergency contraceptive and sexual health advice.

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. Patients could order repeat prescriptions and routine healthcare appointments online. Telephone appointments were available. A text message reminder service was available.

The practice offered a full range of health promotion and screening which reflected the needs for this age group. The practice's uptake for cervical screening was 76%, which is below the national average of 81%. The practice had recently improved their uptake on health checks for those patients aged over 40.

Extended hours appointments were available until 7:20pm on a Tuesday at St Georges Medical Practice and from 9am to 12 noon on a Saturday at Riverside Medical Practice.

Good



People whose circumstances may make them vulnerable

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

The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people. They 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

Good



Summary of findings

safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Where appropriate, patients with complex conditions were discussed amongst the clinicians at their regular MDT meetings.

The practice had increased the number of patients who had a learning disability review in the last year from eight to 30.

The practice's computer system alerted GPs if a patient was a carer. There were 296 coded on the practice system which was 4.1% of the practice population.

The practice had begun to carry out searches of the clinical system to identify patients who had no contact with the practice in the last year to identify patients who are potentially socially isolated.

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).

The practice maintained a register of patients experiencing poor mental health and recalled them for regular reviews. Patients were advised how to access various support groups and voluntary organisations. Where appropriate patients with complex conditions were discussed amongst the clinicians at their regular MDT meetings.

Good



Summary of findings

What people who use the service say

We spoke with one patient on the day of our inspection and a member of the patient participation group. They said they were satisfied with the care they received from the practice.

We reviewed 18 CQC comment cards completed by patients prior to the inspection. There were 15 completed cards which were positive. Commonly used words to describe the practice included happy, friendly staff, caring and good service. Two of the patients completing the cards commented that the service had improved recently due to staff changes. Three of the cards commented that it was difficult to obtain an appointment with a GP.

The latest GP Patient Survey published in July 2016 showed that scores from patients were mostly below the averages for most areas, except the scores for nurses and for making an appointment. The percentage of patients who described their overall experience as good was 75%, which was below the local clinical commissioning group (CCG) average of 89% and the national average of 85%. Other results from those who responded were as follows;

- The proportion of patients who would recommend their GP surgery – 61% (local CCG average 80%, national average 80%).

- 87% said the GP was good at listening to them compared to the local CCG average of 91% and national average of 89%.
- 85% said the GP gave them enough time compared to the local CCG average of 89% and national average of 87%.
- 96% said the nurse was good at listening to them compared to the local CCG average of 93% and national average of 91%.
- 97% said the nurse gave them enough time compared to the local CCG average of 94% and national average of 92%.
- 87% said they found it easy to get through to this surgery by phone compared to the local CCG average 78%, national average 73%.
- 80% described their experience of making an appointment as good compared to the local CCG average 77%, national average 73%.
- 88% said they find the receptionists at this surgery helpful compared to the local CCG average 89%, national average 87%.

These results were based on 102 surveys that were returned from a total of 305 sent out; a response rate of 33% and 1.4% of the overall practice population.

Areas for improvement

Action the service SHOULD take to improve

- Liaise with the landlord of the premises to repair or replace the damaged seats in the reception area.
- Follow the Public Health Guidelines in relation to the record keeping of the stock control of vaccines.
- Update the locum induction pack with more comprehensive information, for example, safeguarding arrangements for the practice and locality.
- Complete the process for appointing a registered manager for the merged practice in line with CQC guidance.

St Georges & Riverside Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector; the team included a GP specialist advisor and a second CQC inspector.

Background to St Georges & Riverside Medical Group

St Georges & Riverside Medical Group is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 7,200 patients from two locations and we visited both of these addresses as part of the inspection.

- St Georges Medical Practice, New George Street, South Shields, Tyne and Wear, NE33 5DU.
- Riverside Medical Practice, Flagg Court Medical Centre, Dale Street, South Shields, Tyne and Wear, NE33 2PG.

The practices were taken over in March and April 2015 by Intrahealth Limited, which is a corporate provider of NHS primary care services. The practices merged when they were taken over and patients can now access care at either address.

St Georges Medical Practice and Riverside Medical Practice are both situated in purpose-built premises in South Shields which are shared with other services. All reception and consultation rooms are fully accessible for patients with mobility issues. An onsite car park is available which includes dedicated disabled parking bays.

The practice has three salaried GP's (two male, one female), whole time equivalent (WTE) of 1.84. The practice employs a practice manager WTE 1, there is a vacancy for one advanced nurse practitioner WTE 1, there are two practice nurses WTE 1.43. There are three pharmacists, WTE 0.99, including a senior clinical pharmacist who works at the practice. There are two health care assistants WTE 0.78. There are nine staff who undertake reception and administrative duties, WTE 7.68. The practice provides services based on an Alternative Provider Medical Services (APMS) contract agreement for general practice.

St Georges Medical Practice is open at the following times:

- Monday, Wednesday and Thursday and Friday 8am to 6:30pm.
- Tuesday, 8am to 7:30pm.

Riverside Medical Practice is open at the following times:

- Monday to Friday 8am to 6:30pm.
- Saturday 9am to 12noon.

The telephones are answered by the practice during their opening times. When the practice is closed patients are directed to the NHS 111 service. This information is also available on the practices' website and in the practice leaflet.

Appointments are available at St Georges Medical Practice at the following times:

- Monday 8:45am to 12 noon and 12:30pm to 5:10pm
- Tuesday 8:30am to 12 noon and 12:30pm to 7:20pm
- Wednesday 8:15am to 11:45pm and 1pm to 6pm
- Thursday 8:30am to 11.50pm and 12.30pm to 5pm
- Friday 8:15am to 11:45pm and 1:15pm to 6pm

Detailed findings

Appointments are available at Riverside Medical Practice at the following times:

- Monday 8:15am to 11:45am and 13:15pm to 6pm
- Tuesday 8:15am to 12:30am and 1:15pm to 6pm
- Wednesday 9:30am to 11:45am and 1pm to 5pm
- Thursday 8:15am to 11:50am and 12:30pm to 6pm
- Friday 9am to 11:45am and 1pm to 5:10pm
- Saturday 9am to 12 noon

Extended hours appointments are available until 7:20pm on a Tuesday at St Georges Medical Practice and from 9am to 12 noon on a Saturday at Riverside Medical Practice. These appointments were pre-bookable; however, walk in patients would be seen if an appointment was available.

The practice is part of NHS South Tyneside clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in the second most deprived decile. The income deprivation score for the practice was 38 compared to the CCG average of 31 and the national average of 22. In general, people living in more deprived areas tend to have greater need for health services. Average male life expectancy at the practice is 76 years compared to the national average of 79 years. Average female life expectancy at the practice is 81 years compared to the national average of 83 years.

The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare, which is locally known as Northern Doctors Urgent Care Limited.

Why we carried out this inspection

We undertook a comprehensive inspection of St George's and Riverside Medical Group 6 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. We asked the practice to provide us with an action plan confirm how they were going to meet legal requirements. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for St George's and Riverside Medical Group on our website at www.cqc.org.uk.

We undertook a follow up comprehensive inspection on 27 April 2017 to check that action had been taken to comply with legal requirements.

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.

The inspection team:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 27 April 2017.
- Spoke with staff and patients.
- Spoke with a member of staff and a patient by telephone.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.

Detailed findings

- Reviewed a sample of the practice's policies and procedures.

Are services safe?

Our findings

At our previous inspection on 6 September 2016, we rated the practice as requires improvement for this domain. The practice could not assure us that lessons were learned from significant events to ensure that events did not reoccur. The number of salaried GPs at the practice was below the level agreed level with NHS England. Patient group directives (PGD's) were not updated to include the signature of each practitioner and authorised by a practice signatory.

These arrangements had significantly improved when we undertook a follow up inspection on 27 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At our previous inspection we said that the practice could improve the process for significant events. At this inspection we saw that systems and processes had been improved. The practice manager was the point of contact for staff when they needed to report significant events. There was a specific form for staff to complete and the practice manager kept a record of them and actions taken. The events were then added to the local clinical commissioning group (CCG)'s Safeguard Incident & Risk Management System (SIRMS), where incidents and events met the threshold criteria. We saw minutes of the practice clinical team meeting where significant events were discussed. There had been 53 significant events in the last six months. The practice were able to show us that clinical audits had been initiated as a result of significant events raised. For example, the pharmacist now had a medication query list which they worked through daily to ensure that medication reviews were carried out and changes in medication from hospital letters were being actioned. At our previous inspection this had been identified as an area which required improvement.

Staff we spoke with were aware of the significant event process and actions they needed to take if they were involved in an incident. The practice's ethos complied with the requirements of the Duty of Candour. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

The practice had an effective system for reviewing and acting on safely alerts received, there was a log in place which was managed and ensured that the appropriate staff saw the alerts.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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 adult and child safeguarding. They were one of the safeguarding leads for the locality and were trained to level four in child safeguarding. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The other GPs were trained to level three in children's safeguarding.
- Notices advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring 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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurses was the infection control lead. However, they had not received the training appropriate to the lead role. There were infection control policies in place. Regular infection control audits had been carried out. This identified that there were rips in the seating in the reception area, the seats could not be cleaned effectively. The practice manager told us they had contacted the landlord and were awaiting repairs to the seats. We confirmed staff had received infection control training. General medical equipment was calibrated and serviced.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice mostly kept patients safe (including obtaining,

Are services safe?

prescribing and handling.). However, the records in relation to the stock control of vaccines was poor, it did not comply with Public Health Guidelines which states the practice should ensure there is a stock information system which keeps track of orders, expiry dates and a running total of vaccines.

- At this inspection we saw that the record keeping at the practice was not comprehensive and this made the records difficult to follow to ensure stock rotation and that expiry dates were noted. Daily temperature checks of the vaccine refrigerators were carried out. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice, to enable nurses to administer medicines in line with legislation. At our previous inspection we saw that they were not always signed by the practitioner or authorised for use. We saw at the inspection that some were still not signed. We chased this up with the practice manager who ensured that these were updated immediately and assured us that going forward they would always be signed. The practice carried out regular medicines audits, with the support of their pharmacists.
- We saw the practice had a recruitment policy which was updated regularly. Recruitment checks were carried out. We sampled recruitment checks for both staff and GPs, including locums, and saw that 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. We saw that the clinical staff had medical indemnity insurance.

Monitoring risks to patients

At our previous inspection we saw that risks to patients were not always assessed or well managed, at this follow up inspection we saw that improvements had been made:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster, which identified local health and safety representatives and a health and safety risk assessment. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place

to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.

- At our previous inspection in September 2016 we saw that arrangements in place for monitoring the number of staff were not always effective. The practice did not have the agreed whole time equivalent (WTE) of GPs as agreed with NHS England. The agreed number was 2.16 WTE. At the previous inspection there were two GPs who worked a WTE of 1.2. We discussed this with the practice manager and regional manager. They said they had encountered difficulty in recruiting GPs but had now another salaried GP at the practice which brought the WTE to 1.84. The practice still used GP locum cover when appropriate and continued to advertise for additional GPs. The locum induction pack was not comprehensive, for example, it did not contain details of the safeguarding arrangements for the practice or the locality.
- The practice had a complement of 2 WTE advanced nurse practitioners (ANP). Currently there were no permanent ANPs in post; however there was a new ANP due to commence employment in the next month. Cover for these vacant posts was provided by the provider's locum ANPs from their hub site. Their organisational lead nurse worked at the practice weekly.
- The practice had recently employed three administration staff who had previously worked at the providers other GP practices to fill staff vacancies. They were experienced administration staff and the practice manager told us this had helped them to build a stronger, more experienced administration team.

Arrangements to deal with emergencies and major incidents

Staff had 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. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

Are services safe?

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.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 6 September 2016, we rated the practice as requires improvement for providing effective services as the Quality and Outcomes Framework data (QOF) showed that patient outcomes had fallen since April 2015. There was limited evidence that clinical audit was driving improvement in performance to improve patient outcomes.

These arrangements had improved when we undertook a follow up inspection on 27 April 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Local and national templates were used to ensure care was delivered in line with guidance.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2015/16 showed the practice had achieved 83.6% of the total number of points available to them. This was below the England average of 95.3% and the local clinical commissioning group (CCG) average of 96.3%. The QOF clinical exception rate was 6.5%, which was below the England average of 9.8% and the CCG average of 10.1%. Exception reporting is the removal of patients from QOF calculations where, for example, the

patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. This was the same data which was available at our inspection of September 2016.

We asked the practice if they would share with us the results of the QOF for 2016/17 as these results were not yet available to us. We looked at the results with the staff and saw improvement had been demonstrated. Overall they had achieved 98.7% of the points available to them.

The practice had been an outlier in five areas in 2015/16 QOF year:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months (2015/16) that included an assessment of asthma control, was 54.36% (CCG average 76.21%, England 75.55%), this had now increased to 75% (2016/17).
- The percentage of patients with chronic obstructive pulmonary disease who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (2015/16), was 60.71%, (CCG average 89.17%, England 89.59%), this had now increased to 88% (2016/17).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2015/16), was 63.29% (CCG average 89.26%, England 88.77%), this had now increased to 96% (2016/17).
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (2015/16), was 54.72%, (CCG average 85.82%, England 83.77%), this had now increased to 92%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (2015/16), was 70.93% (CCG average 84.01%, England - 82.9%), this had now increased to 81%.

The data for 2015/16 showed that the practice were below the England and CCG averages for eight of the 19 clinical domain indicator groups, which included diabetes and mental health. The practice were able to show us figures for the 2016/17 QOF year which showed that they had improved in all of the eight clinical indicators, for example:

Are services effective?

(for example, treatment is effective)

- Performance for diabetes related indicators had improved to 92.9% (2016/17) compared to 83.5% in the previous year's QOF (2015/16).
- Performance for mental health related indicators had improved to 100% (2016/17) compared to 77.2% in the previous year's QOF (2015/16).

At our previous inspection in September 2016 the practice could not demonstrate they had an effective system for clinical audit, or that they used audits successfully to improve quality. At this inspection we saw three examples of two-cycle clinical audits. This included an audit of a medication which is taken to suppress autoimmune activity in diseases such as rheumatoid arthritis and psoriasis. The audit identified 3.3% of patients were not receiving appropriate testing whilst taking this medication. At the re-audit stage 100% of patients were receiving the appropriate testing. The practice were also carrying out single cycle audits, for example, a cervical smear uptake audit and an audit of minor surgery. Some of the audits had been initiated due to significant events which had occurred at the practice.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics relating to the responsibilities of their job role.
- The learning needs of non-clinical staff were identified through a system of appraisals and informal meetings. Staff had access to appropriate training to meet those learning needs and to cover the scope of their work. Staff had received an appraisal within the last twelve months. We saw examples of these. Staff told us they felt supported in carrying out their duties.
- All GPs in the practice had received their revalidation (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.) However, the GPs at the practice did not receive an in-house appraisal.
- Staff received training which included safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules,

in-house training and external training. At the previous inspection we saw there were some gaps in mandatory training. We saw that they had been addressed, however the training matrix had not been updated to reflect this.

Coordinating patient care and information sharing

The practice had systems in place to plan and deliver care. Information on 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. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services. Multi-disciplinary team (MDT) meetings took place. There had been safeguarding meetings held quarterly, which were now to be held monthly. Integrated care meetings were held every month. At these meetings data and knowledge of patients was used to identify high risk patients who may have needed follow-up contact or a care plan put in place. The practice had a palliative care register which was discussed at the bi-monthly palliative care meeting in order to manage the care, treatment and support of these patients.

Consent to care and treatment

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 recorded the outcome of the assessment.

Health promotion and prevention

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, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a cervical screening programme. The practice's uptake for the cervical screening programme was

Are services effective?

(for example, treatment is effective)

76%, which was below to the national average of 81%. This uptake had improved by 1% compared to the figures at the previous inspection in September 2016. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to five year olds were at 98%, compared to CCG averages of 96% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients with the practice nurse or the GP if appropriate. The practice had improved their uptake on health checks for those patients aged over 40. In the previous year they had invited 128 patients for a check with 142 attending. In the last year they had invited 1200 patients for a check and 600 had attended.

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 they 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 area to discuss their needs.

We reviewed 18 CQC comment cards completed by patients prior to the inspection. There were 15 completed cards which were positive. Commonly used words to describe the practice included, happy friendly staff, caring and good service. Two of the patients completing the cards commented that the service had improved recently due to staff changes.

Results from the National GP Patient Survey in July 2016 showed patients were usually satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was above the average for its satisfaction scores on consultations with nurses and comparable for doctors. For example, of those who responded:

- 87% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 92%.
- 96% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.

- 97% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 88% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the National GP Patient Survey showed scores for GPs were varied when compared to local and national averages in relation to involvement in planning and making decisions about their care and treatment but higher for the nurses. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 85% and the national average of 82%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 89% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language, they were also offered longer appointments if an interpreter were required. There were leaflets and posters in other languages available in the waiting area. A hearing loop was available on reception for patients who were hard of hearing. A patient who was partially sighted had assisted the practice to be more aware of the needs of partially sighted patients.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. This included information regarding smoking cessation, cancer awareness and support for long term illness.

The practice's computer system alerted GPs if a patient was a carer. Carers were coded on the practice computer system. (Clinical coding is the translation of clinical terminology as written by a clinician into statistical code which can then be searched upon at a later

date). There were 296 coded on the practice system which was 4.1% of the practice population. There was written information available for carers to help them understand the various avenues of support available to them in the practice waiting room. Staff had received carer's awareness training and one of the administration staff co-ordinated health checks and annual flu immunisations for carers.

Staff told us that if families had suffered bereavement, the practice contacted them or sent them a sympathy card, the practice would offer support in line with the patient's wishes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. One of the salaried GPs was the GP lead for children's safeguarding in the locality. The practice had applied for additional funding from the CCG by way of support to look at capacity and demand for appointments in the practice. They participated in the CCG's Better Outcome Scheme (BOS) where practices focused on eight areas where they could improve care to patients.

The provider used the mystery shopper process to independently assess the ability of patients to register with the practice. St George's site ranked first overall based on the results out of 23 sites and Riverside 13th.

The practice was aware of the needs of their practice population and provided services that reflected their needs. We found that:

- When a patient had more than one health condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- The practice held regular clinics for patients with long term conditions and a minor surgery service.
- There were longer appointments available for patients with a learning disability, patients with long term conditions and those requiring the use of an interpreter if required.
- Home visits were available for older patients and patients who would benefit from these.
- Extended hours appointments were available until 7:20pm on a Tuesday at St Georges Medical Practice and from 9am to 12 noon on a Saturday at Riverside Medical Practice.
- Patients were able to receive travel vaccinations that were available on the NHS.
- Smoking cessation support and dietary advice was provided by the practice.
- There were disabled facilities, a hearing loop and translation services available.
- Patients could order repeat prescriptions and book GP appointments on-line.

- The practice had recently introduced a phlebotomy service.
- A text message service was available to remind patients when they had an appointment.
- The practice provided contraceptive services.
- There was a practice based anti-coagulation clinic where patients prescribed warfarin can have their blood checked to see if their medication needs to be changed.
- The provider produced an anti-coagulant newsletter for patients prescribed warfarin, this included useful information on self-care and action to take if you had to have an operation.
- 'Health Champions' who are patient volunteers provided a regular weigh in session for patients at the practice and were to attend a well-being course for them to provide this extra service to patients.

Access to the service

St Georges Medical Practice was open at the following times:

- Monday, Wednesday and Thursday and Friday 8am to 6:30pm.
- Tuesday, 8am to 7:30pm.

Riverside Medical Practice was open at the following times:

- Monday to Friday 8am to 6:30pm.
- Saturday 9am to 12noon.

Appointments were available at St Georges Medical Practice at the following times:

- Monday 8:45am to 12 noon and 12:30pm to 5:10pm
- Tuesday 8:30am to 12 noon and 12:30pm to 7:20pm
- Wednesday 8:15am to 11:45pm and 1pm to 6pm
- Thursday 8:30am to 11:50pm and 12:30pm to 5pm
- Friday 8:15am to 11:45pm and 1:15pm to 6pm

Appointments were available at Riverside Medical Practice at the following times:

- Monday 8:15am to 11:45am and 13:15pm to 6pm
- Tuesday 8:15am to 12:30am and 1:15pm to 6pm
- Wednesday 9:30am to 11:45am and 1pm to 5pm
- Thursday 8:15am to 11:50am and 12:30pm to 6pm
- Friday 9am to 11:45am and 1pm to 5:10pm
- Saturday 9am to 12 noon

Three of the CQC comment cards completed prior to the inspection said that it was difficult to obtain an appointment with a GP.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at the practice's appointments system in real-time on the afternoon of the inspection. There were routine appointments to speak to a GP in two weeks' time by telephone and the next routine appointment with a GP was in three weeks' time. There were appointments available earlier with the practice nurse or advanced nurse practitioner depending upon the patients needs. Emergency GP appointments were available on a daily basis.

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, except for satisfaction with opening hours. For example;

- 70% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 87% of patients said they could get through easily to the practice by phone compared with the clinical commissioning group (CCG) average of 78% and the national average of 73%.
- 83% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 78% and the national average of 76%.
- 94% of patients said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.

The practice had looked at the problem of patients who did not attend appointments and had worked to highlight this via notices in the waiting area, promoting the on line service to cancel appointments and they had highlighted it in their newsletter. In June 2016, 20 patients failed to attend appointments per 1000. By November 2016 the practice had reduced this to 6.

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. The practice manager was the 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. 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 13 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. The practice had carried out an annual review of these complaints to identify and patterns or trends.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 6 September 2016, we rated the practice as requires improvement for being well-led as the governance framework had not supported the management of significant events and complaints.

These arrangements had significantly improved when we undertook a follow up inspection on 27 April 2017. The practice is now rated as good for being well-led.

Vision and strategy

The provider had a clear vision to deliver high quality care and promote good outcomes for patients that was shared with all of their practices. This was 'a community where every patient matters and their personal health needs are fulfilled by caring, dedicated teams and a leading innovative provider of health services.' The provider also had a clear set of values that they also shared with all of their practices. They included 'taking responsibility, hardworking, integrity, fairness and honesty.' Staff we spoke to showed that they shared these values; they told us that provider had made them aware of these values when they had taken over the practices in 2015.

The practice had a resilience plan in place, dated March 2017. This discussed the challenges facing the practice, such as the demographics practice and what resolutions they could have in place to address issues raised in the previous CQC report. Examples of issues they gave solutions to were significant events, staff skill mix and continuity of care.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Improvements had been made since our previous inspection.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- There were leads for areas such as safeguarding and long term conditions.
- Practice specific policies were implemented and were available to all staff.
- The staff including the GPs and practice manager had an understanding of the performance of the practice.

The scores from the Quality and Outcomes Framework (QOF) had significantly improved since our previous inspection. There was a programme of clinical audit in place.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The recording of significant events had improved.
- At the time of the previous inspection, the provider did not have a registered manager in post. The practice manager was in the process of being registered as manager with CQC and they produced documentation to prove that this was currently going through the registration process with CQC.

Leadership and culture

The practice had a documented leadership structure from the provider as a corporate organisation that set out the clinical and organisational responsibilities of staff. They told us they prioritised safe, high quality and compassionate care.

- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There was a clear leadership structure in place and staff felt supported by management.
- The practice held regular meetings; there were clinical meetings at least two every months. The last administration meeting was in January 2017. The practice wished to make this more frequent, however, due to contractual arrangements they were unable to close the practice to hold staff meetings. The office manager and administration lead attended clinical meetings to discuss any issues and fed back to their teams. There were bi-monthly palliative care meetings, as well as monthly integrated care meetings and safeguarding meetings.
- Practice specific policies were implemented and these were easily accessible to staff. Policies were regularly reviewed and updated.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any

Are services well-led?

Good 

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

issues and felt confident in doing so and were supported if they did. Staff said that they felt the practice was improving constantly and that new staffing arrangements were having a positive effect.

- Staff said they felt respected, valued and supported and that support was also available from the provider and in particular the practice manager who had been in post since October 2016.

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

The practice had gathered feedback from patients through their patient participation group (PPG), surveys and complaints received. We spoke with a member of the group who told us that they met every three months, they said that the practice was open and honest the group and responded to any concerns raised. The practice provided a quarterly newsletter for patients. The practice had reviewed the results of their most recent patient survey and created an action plan following this.

Continuous improvement

The practice had focused on the areas from the last inspection where we said they needed to improve and we saw arrangements had significantly improved at this inspection. Actions had been taken to improve the safety and effectiveness of the practice.

The practice had introduced phlebotomy as part of their services which meant patients did not have to go to a local hub to have blood samples taken. They had joined the local GP federation and engaging with other practices on a regular basis.

The practice were meeting with another practice who have an established pre-diabetes programme in place with a view to introducing this in the practice. They were part of a pilot to identify the early signs of lung cancer in patients who had chronic obstructive pulmonary disease (COPD).