

Thornfield 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

We carried out an announced comprehensive inspection at Thornfield Medical Group on 20 October 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting significant events. The process for recording significant events centrally required review.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, however, some gaps in training were identified during the inspection.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. They also told us the practice was clean.

- Patients told us that it was sometimes difficult to make an appointment, particularly with a preferred GP. However, they also said they found it easy to make urgent appointments.
- Information about services and how to complain was available and easy to understand. The practice took action following complaints.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management and there was an open culture. The practice proactively sought feedback from staff and patients, which staff acted on.
- The practice worked well with their patient participation group. The group told us staff communicated regularly with them and had acted on their suggestions.

The areas where the provider should make improvements are:

Summary of findings

- Review arrangements for recording significant events. Make sure all events are logged collectively and analysed by the team as a whole.
- Review the process for accessing the staff area of reception to maintain their safety.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events. However, not all events were recorded centrally when we inspected the practice.
- Lessons were shared to make sure action was taken to improve safety in the practice. We saw records of meetings where lessons were discussed to support shared learning and reduce the risk of reoccurrence.
- When there were unintended or unexpected safety incidents, people received reasonable support.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. We identified an area of risk to staff safety, during the inspection a door which provided access to the staff section of the reception area was found to have been left open on several occasions. Staff would not easily be able to see if anyone accessed through this door. As the practice held a register of violent patients this presented a risk and we fed this back to the practice manager following the inspection, they assured us that this was not normal practice.
- The practice held a register of violent patients and used alerts on the clinical system to make sure staff were aware of this status.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Some clinical audits demonstrated quality improvement. Other audits were not two cycle audits and therefore could not demonstrate improvements to patient care were being monitored through clinical audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, during the inspection we found some gaps in the training undertaken by staff.

Summary of findings

- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. Meetings were held regularly.
- The practice met regularly to discuss clinical issues at the practice and share practice.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice both higher and lower 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.

- Staff had 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. For example, the practice was engaging with a CCG programme to improve the care of young people with asthma.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available on the same day.
- Results from the National GP Patient Survey at the practice showed that patients experienced difficulties in making appointments. The practice have reviewed the appointments process and introduced a new telephone system to address these concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The complaints we reviewed showed the practice responded quickly and openly to complaints. Some of the records of significant events did not record if an apology had been made. The partners encouraged a culture of openness and honesty, and staff told us they were supported when they were involved in significant events.
- The practice proactively sought feedback from staff and patients, which staff acted on. The patient participation group was active.
- There was a strong focus on improvement at all levels.

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.

Good



- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were better than local clinical commissioning group (CCG) and national averages. For example, the practice achieved 100% of the available Quality and Outcomes Framework (QOF) points for heart failure (95.9% CCG average, 97.1% England average) and 98.4% of the available QOF points for chronic obstructive pulmonary disease (94.5% CCG average, 95.2% England average).
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal influenza vaccination, 76.6%, was better than the national average of 73.4%.
- The practice sent reminders to patients who did not respond to the national bowel screening programme invitations.
- The practice had a carers' champions in place and recorded carer status on registration.

People with long term conditions

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

Good



- Nationally reported data showed that outcomes for patients with diabetes were better than local and national averages. For example, the practice achieved 97.2% of the available QOF points for diabetes (93.5% CCG average, 90.1% England average).
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions not covered by the QOF programme were included in the annual review programme, for example patients with hypothyroid conditions.

Summary of findings

- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients with long term conditions told us that they felt involved in their care and treatment by the practice.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice offered a wide range of contraceptive services, including offering implant fitting at home for some hard to reach patients.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for cervical screening was in higher than local and national performance.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses which the practice met with at least once a month.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were available which reduced the need for patients to take time off work.
- Text messages were used to remind patients of appointments.

Summary of findings

- Extended hours were available with nurses/nursing assistant appointments available from 7am on two days a week and a GP was available one evening each week until 9:20pm.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- However, only 5% of patients on the learning disability register had received an annual health check in the last year.
- They offered longer appointments for people with a learning disability and provided easy read information leaflets, for example on cervical screening and having a blood test taken.
- Longer appointments were available for patients who required an interpreter.
- The clinical system used alerts to ensure patients who had problems accessing care, for example those who had difficulties with poor literacy, were supported if required.
- The practice regularly worked with multi-disciplinary teams 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 safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- There were policies or arrangements to allow people with no fixed address to register or be seen at the practice. For example, the practice accepted patients who had recently been released from prison and those who resided in hostels.

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).

Good



- Nationally reported data showed that outcomes for patients with mental health problems were better than local CCG and national averages. For example, the practice achieved 99.3% of the QOF points available for mental health (96.4% CCG average, 90.4% England average).

Summary of findings

- However, only 58% of patients on the mental health register had received an annual health check in the last year.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Staff carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Dementia friends training had been undertaken by most of the practice staff.

Summary of findings

What people who use the service say

The National GP Patient Survey results, published on 2 July 2015, showed the practice was performing below the local clinical commissioning group (CCG) and national averages. (375 survey forms were distributed and 111 were returned. This is a response rate of 29.6% and represents 1% of the practice population.) Of patients who responded to the survey:

- 66.6% found it easy to get through to this surgery by telephone (CCG average 78.5%, national average 73.3%).
- 74.8% found the receptionists at this surgery helpful (CCG average 87.2%, national average 86.8%).
- 73.4% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84.9%, national average 85.2%).
- 90.3% said the last appointment they got was convenient (CCG average 93%, national average 91.8%).

- 51.7% described their experience of making an appointment as good (CCG average 74.2%, national average 73.3%).
- 66.9% usually waited 15 minutes or less after their appointment time to be seen (CCG average 67.9%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards, of which 20 were positive about the standard of care received. They described the practice as providing an excellent service, being caring and helpful and clean. Two comment cards were negative, both of these commented on difficulties in making an appointment.

We spoke with 18 patients during the inspection with patients from all of the population groups include in our report. Patients commented on the caring nature of the staff and reported being listened to. They also commented positively on the cleanliness of the practice.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Review arrangements for recording significant events. Make sure all events are logged collectively and analysed by the team as a whole.
- Review the process for accessing the staff area of reception to maintain their safety.

Outstanding practice

Thornfield 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, a practice manager specialist advisor and an Expert by Experience. An Expert by Experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

Background to Thornfield Medical Group

The practice is located in Molineux Street NHS Centre and provides primary medical services to patients living in the Jesmond, Heaton, Quayside, Shieldfield, Newcastle City Centre, Gosforth, Byker, Walker, St Antony's, Killingworth, Wallsend, Longbenton, Battle Hill areas of the City of Newcastle.

The practice provides services from two locations: Molineux Street NHS Centre, Molineux Street, Newcastle-upon-Tyne, Tyne and Wear, NE6 1SG and the Shieldfield Health Centre, Stoddard Street, Shieldfield, Newcastle upon Tyne, Tyne and Wear, NE2 1AL.

The main practice shares premises with another GP practice and external services and is based on the ground floor of a purpose built building. The premises has on-site parking, disabled parking, a disabled WC and access is step-free.

The branch practice shares premises with a number of external services and is based on the first floor. The premises have on-site parking, disabled parking, a disabled WC and access via a lift.

The practice has five GP partners (three female, two male) and four salaried GP's (three female, one male) and a practice manager. Additionally, the practice employs three nurses and two healthcare assistants. There are 15 members of the administration team and one further member of the management team. The practice is a teaching practice; at the time of the inspection five trainees were with the practice. They provide services for just over 11,700 patients based on a General Medical Services (GMS) contract. Both sites were visited as part of the inspection.

The main practice is open between 8:30am to 12:30pm and 1:30pm to 6pm.

The branch practice is open between 8:45am to 12:30pm and 1:30pm and 5:15pm.

Extended hours surgeries are offered on Tuesday and Thursdays when the practice has appointments available with a nurse or nursing assistant from 7am and a GP on Monday evenings until 9:20pm.

Information from Public Health England placed the area in which the practice was located in the second lowest decile. In general, people living in more deprived areas tend to have greater need for health services. The practice's age population is weighted towards people of working age; the practice had a significantly lower percentage of patients aged over 60 than the local clinical commissioning group (CCG) and England averages.

The service for patients requiring urgent medical care out of hours is provided by the 111 service and Northern Doctors Urgent Care Limited.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the 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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 October 2015. During our visit we:

- Spoke with a range of staff. We spoke with four GPs and one trainee GP, two nurses, the practice manager, a healthcare assistant and two members of the administration team. We spoke with 18 patients who used the service and two representatives of the practice's patient participation group (PPG).
- Observed how people were being cared for and talked with carers and/or family members.

- Reviewed the personal care or treatment records of patients.
- Reviewed 22 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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)

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

Are services safe?

Our findings

Safe track record and learning

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

- The practice had identified a wide range of significant events and most of those we looked at provided examples of appropriate reflection and change to practice. For example, following one significant event, staff had introduced a system to record serial numbers of electronic prescriptions and new protocols and audits had been implemented. These actions helped to prevent the same significant event from happening again. Significant events were also regularly shared in clinical meetings which supported shared learning and reflection. Staff told us they felt able to report events and were supported if errors were identified. They also told us that they were encouraged to report incidents. However, not all of the significant events we reviewed clearly recorded the details of whether an apology had been made to the patient when appropriate. Although significant events were recorded individually, an accurate and up to date central log of these events was not being kept by the practice. A clear system that records all events centrally as soon as the practice is aware of the issue supports shared learning and consistent record keeping.
- Staff told us they would inform the practice manager of any incidents and there was also a recording form available.
- As part of the inspection we reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. The practice carried out analysis of their significant events and discussed examples and issues at team or clinical meetings and this was also reviewed.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The safeguarding policies we looked at clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There were lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example, the GPs were trained to child protection safeguarding level 3.

- Information in the waiting room and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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). Staff recorded when they had undertaken chaperone duties on the clinical system.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place. We reviewed the staff training information supplied and found that six of the administrative staff and one nurse had not undertaken infection control training. Further information supplied after the inspection recorded the nurse as having undertaken this training recently. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines in the practice, including emergency drugs and vaccinations, kept patients safe. Suitable arrangements were in place for obtaining, prescribing, recording, handling, storing and securing medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines. Prescription pads were securely stored and there were systems in place to monitor their use. Patient group directions (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow nurses to administer medicines in line with

Are services safe?

legislation. The practice had a system for the management of patient specific directions (written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis); the healthcare assistant did not administer vaccinations.

- We reviewed four personnel files and found 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 checks through the Disclosure and Barring Service.

However, during the inspection a door which provided access to the staff section of the reception area was found to have been left open on several occasions. Staff would not easily be able to see if anyone accessed through this door. As the practice held a register of violent patients this presented a risk and we fed this back to the practice manager following the inspection, they assured us that this was not normal practice.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and a fire drill had recently been completed. All electrical and clinical equipment was checked to ensure it was safe to use and was working properly. Staff had also completed a variety of other risk assessments to monitor the safety of the

premises such as Control of Substances Hazardous to Health, infection control and legionella. Legionella is the bacterium that causes legionnaire disease which is a serious form of pneumonia.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty both clinical and administrative staff worked flexibly when required.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff had received annual basic life support training; however, one of the nurse's training was overdue at the time of the inspection. The practice provided information shortly after the inspection that this had now been completed.
- 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.
- There were emergency medicines available in the treatment room.
- 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.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through clinical meetings; NICE guidelines were regularly scheduled for discussion.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recently published results showed the practice had achieved 99.2% of the total number of points available, with 10.4% exception reporting. This practice was not an outlier for any QOF clinical targets. Data from 2013-2014 showed;

- Performance for diabetes related indicators was better than the local CCG and national averages, (97.2% compared to 93.5% and 90.1% respectively).
- Performance for hypertension related indicators was better than the local CCG and national averages, (100% compared to 93.6% and 89% respectively).
- Performance for mental health related indicators was comparable to the local CCG and national averages, (99.3% compared to 96.4% and 90.4% respectively).

Clinical audits demonstrated quality improvement.

- The practice provided details of 11 clinical audits completed in the last 12 months, two of these were complete two cycle audits where the improvements made were implemented and monitored. Two re-audits

were already scheduled and several of the audits were recently completed. Planning to complete the audit cycle for applicable audits ensures effective patient care.

- The practice participated in applicable local audits and peer review. Audits were regularly presented at clinical meetings; this reflected shared learning and promoted effective clinical practice. The practice also provided details of reviews of practice that demonstrated a commitment to providing effective patient care. For example, reviewing urology referrals and prescribing practices.
- Findings were used by the practice to improve services. For example, the practice had reviewed the needs of patients with chronic obstructive pulmonary disease (COPD) and changed their practice to support better patient care.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, when we reviewed the staff training information supplied we found that four GP's, two administrative staff, four nurses and the health care assistant had not undertaken fire safety training.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Most staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Staff had access to and made use of e-learning training modules, in-house training and locally arranged training. Protected learning time was available.
- However, when we reviewed training information supplied we found that seven GP's, 14 of the

Are services effective?

(for example, treatment is effective)

administrative staff, three nurses and the health care assistant had not completed any training in relation to the Mental Capacity Act (2005). This training would ensure staff are aware of their responsibilities in relation to this legislation. However, information supplied shortly after the inspection stated that eight of the nine GPs and two nurses had completed this training. However, the information supplied was not verifiable on the day of the inspection.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and the practices' intranet system.

- This included care plans, risk assessments, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services. We saw evidence of regular meetings with external staff such as district nurses and health visitors.

Staff worked alongside each other and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they are discharged from hospital. We saw that regular meetings were held with district nurses, health visitors and the midwife.

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff told us that they carried out assessments of capacity to consent in line with relevant guidance.

- Staff told us where a patient's mental capacity to consent to care or treatment was unclear; the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

However, the training records we reviewed showed during the inspection that only two of the GPs had undertaken Mental Capacity Act training and none of the nurses or health care assistants had done so. Additional information was supplied shortly after the inspection that listed eight GPs and two nurses as having completed this training, but this was not available at the time of the inspection or verifiable on the day.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and mental health services. Patients were then signposted to the relevant service.
- The practice worked to provide services on site, for example, counselling, smoking cessation and minor surgery.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 92.1%, which was above the local CCG average of 82.1% and the national average of 81.9%. However, the exceptional reporting rate at the practice for cervical screening was 25.32%, which is 14.2% above the local CCG average. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. The practice sends reminders for patients who did not respond to the national bowel screening invitations.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.9% to 100% and five year olds from 87.9% to 95.7%.

Are services effective?

(for example, treatment is effective)

Flu vaccination rates were slightly above national rates. The practice performance for the over 65s was 76.6% compared to the national rate of 73.2%. For at risk groups, the practice performance was 51.9% compared to the national rate of 52.3%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Information such as NHS patient information leaflets was also available to patients.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect. Also, we found:

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

Of the 22 patient CQC comment cards we received, 20 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with two members of the practice's patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff were caring and listened to the concerns of patients.

Results from the national GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. The practice's results were mixed for satisfaction scores on consultations with doctors and nurses. For example:

- 92.3% said the GP was good at listening to them (CCG average 91.4%, national average 88.6%)
- 82.4% said the GP gave them enough time (CCG average 88.3%, national average 86.3%)
- 97.1% said they had confidence and trust in the last GP they saw (CCG average 95.7%, national average 95.2%).
- 82.6% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.8%, national average 85.1%).

- 85.7% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.7%, national average 91.4%).

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 89.5% said the last GP they saw was good at explaining tests and treatments (CCG average of 88.1%, national average 86%).
- 87.1% said the last GP they saw was good at involving them in decisions about their care (CCG average 83.8%, national average 81.4%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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.

The practice's computer system alerted GPs if a patient was also a carer. This information was collected on registration with the practice. Written information was available to direct carers to the various avenues of support available to them. This information was on display in reception in the main surgery and branch.

Staff told us that if families had suffered bereavement, a sympathy letter from the GP closest to the family was sent.

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 the local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to ensure the service they provided was in line with the needs of the population. For example, they were participating in the CCG programmes to improve the support available for childhood asthma and improving their processes for bowel screening non-responders. Other examples of responsive care included:

- The practice offered early morning appointments with the nurse/nursing assistant on Tuesday and Thursday when appointments were available from 7am and a GP was available one evening each week until 9:20pm.
- There were longer appointments available for people with a learning disability, those with long term conditions and appointments where a translator was required.
- Home visits were available for older patients and other patients who would benefit from these. Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice provided easy to understand leaflets for patients with learning disabilities to ensure information required was appropriate.

Access to the service

The main practice was open between 8:30am to 12:30pm and 1:30pm to 6pm.

The branch practice was open between 8:45am to 12:30pm and 1:30pm and 5:15pm.

Extended hours surgeries were offered on Tuesday and Thursdays when the practice had appointments available with a nurse/nursing assistant from 7am and a GP was available one evening each week until 9:20pm.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP Patient Survey showed that patients' satisfaction with how they could access care and

treatment was below local CCG and national averages. Some patients told us on the day that they were not able to get routine appointments when they needed them and that it was difficult to see their preferred GP. However, they also told us emergency appointments were available when needed. Of patients who responded to the survey:

- 76.8% were satisfied with the practice's opening hours compared to the CCG average of 77.6% and national average of 74.9%.
- 66.6% said they could get through easily to the surgery by telephone (CCG average 78.5%, national average 73.3%).
- 52.7% described their experience of making an appointment as good (CCG average 74.2%, national average 73.3%).
- 66.9% said they usually waited 15 minutes or less after their appointment time (CCG average 67.9%, national average 64.8%).

Work had been undertaken to address some of these concerns. For example, a new telephone system had recently been installed in an attempt to improve access to appointments and improve the patient's experience of making appointments. This system will record telephone calls and provide staff with the information they need to improve patients' experience of making an appointment. They had also worked with the Primary Care Foundation to review their arrangements for appointments.

Listening and learning from concerns and complaints

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

- 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 complaints in the practice, there was also a lead GP for clinical complaints.
- We saw that information was available to help patients understand the complaints system. For example, a complaints pack was available in both receptions and information was available on the practice website.
- Complaints were reviewed and discussed with the team each year; they also shared any findings with the practice's patient participation group (PPG).

We reviewed all the complaints received in the last 12 months and discussed four in more depth, and found that

Are services responsive to people's needs?

(for example, to feedback?)

these were satisfactorily handled. Lessons were learnt from concerns raised and complaints, and action was taken as a

result to improve the quality of care patients received. For example, a complaint led to the introduction of longer appointments for patients who require interpreters and another prompted additional training for staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. For example:

- Staff we spoke with knew and understood the values of the practice and were supportive of the practice and their aims and values.
- The practice was working with the local clinical commissioning group (CCG) to develop a quality and organisation development plan. They had identified the main issues they faced as a practice and were working to address these with the CCG. The Patient Participation Group (PPG) had also been made aware of the issues the practice faced and were supportive of the actions staff planned to take.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- Clinical and internal audit which was used to monitor quality and to make improvements, however, not all the audits we reviewed were complete two cycle audits that demonstrated improvements to patient outcomes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

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

Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff were

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The partners encouraged a culture of openness and honesty. There were systems in place which ensured that appropriate organizations were notified of any safety incidents that occurred within the practice.

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- Staff kept written records of verbal interactions as well as storing any written correspondence they received.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and would feel confident in doing so, and told us they would be supported if they did.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) surveys that had been carried out and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. For example, the practice had introduced a staff photograph board and provided an area in reception that showed feedback from complaints. The PPG told us that the practice met with them regularly and communicated well with the group.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.