

# Heaton Road Surgery

## Quality Report

17-19 Heaton Road, Newcastle Upon Tyne, Tyne and Wear, NE6 1SA

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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	Outstanding	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Outstanding	
Are services responsive to people's needs?	Outstanding	
Are services well-led?	Outstanding	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Heaton Road Surgery on 10 February 2015. Overall the practice is rated as outstanding for providing caring and responsive services and for being well-led. They are rated good for providing safe and effective services. An innovative, caring, effective, responsive and well-led service is provided that meets the needs of the population served.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised, external agencies were informed of the outcome if they were involved. There were strong comprehensive safety systems in place.
- The practice had scored very well on clinical indicators within the quality outcomes framework (QOF). They achieved 98.4% for the year 2013/14, which was above

the average in England of 96.47%. The QOF is part of the General Medical Services (GMS) contract for general practices. Practices are rewarded for the provision of quality care.

- Patients said they were treated with compassion, dignity and respect. The proportion of patients who described their overall experience of the GP surgery as good or very good in the GP National Survey was 97%, compared to the national average of 85%. Several patients we spoke with commented on the helpfulness of the staff and caring manner of the GPs and said it was the best practice they had ever been registered at.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Patients commented how helpful the staff were in trying really hard to get them a convenient appointment. This was reflected in the data from the national GP survey. 91.5% of patients reported a good overall experience of making an appointment (national average 78%).

We saw several areas of outstanding practice including:

- The practice held a “watch list”; this was a detailed list which was maintained of high risk patients such as

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those who required palliative care. One of the GP partners had responsibility for the list. The dedicated practice nurse undertook reviews of these patients and made regular telephone calls to them to identify any potential issues, this was in addition to the consultations they received from the GPs. There was a dedicated practice nurse who reviewed all housebound and care home patients. These were in addition to the 2% of the practice population with complex needs.

- The practice held a dementia register and staff had received training in dementia. The dementia diagnosis rate was the highest in the CCG area at 82% (of the expected diagnosis rate) compared to the CCG average of 62%.
- The practice was awarded a “Healthwatch Newcastle Star Award” in September 2014. Healthwatch is the independent champion for members of the public and users of health and social care services. They were nominated by a patient who used their service who wanted to thank them for going the extra mile to make their experience great.
- The practice recognised that they needed to contact patients with serious or life limiting illnesses, to offer support. This was usually after a diagnosis from hospital. We saw an example of a letter which was sent to patients offering support from the practice and asking the patient to contact them if there was anything they could do to help.

- The practice arranged to be inspected by North East Health Checkers who use experts by experience with learning disabilities to carry out a quality check of the practice to assess its responsiveness to patients with learning disabilities. The practice carried out an audit of cervical screening uptake in learning disability patients in order to identify any learning on how they can enable this group of patients to undertake this type of health screening.
- The practice recognised that staff satisfaction was poor, two years earlier. The practice took action to improve the situation. They carried out leadership training for their staff and introduced 360 degree feedback for GPs. They implemented plans to improve staff satisfaction. All staff were encouraged to influence the practice’s approach to policies and procedures. A receptionist recognised a need for a protocol to be developed for transgender patients, which was written by the receptionist and formed part of the practice policies and procedures. This had positive results, staff felt supported and said the practice was a different place to work; they were now able to use their skills and initiative when this had previously not happened.

**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. Patients and staff were protected by strong comprehensive safety systems, which the practice was continually improving. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice used every opportunity to learn from incidents to support improvement. Information about safety was highly valued and was used to promote learning and improvement. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. There were enough staff to keep people safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. We saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. Data showed that the practice was performing highly when compared to neighbouring practices in the CCG, for example, the practice dementia diagnosis rate was the highest in the clinical commissioning group (CCG) area at 82%. The practice was using innovative and proactive methods to improve patient outcomes. Staff had received training appropriate to their roles and training specific to the needs of the practice population groups. The practice were able to show us examples of staff appraisals and their personal development plans. Staff worked well within multidisciplinary teams.

Good



### Are services caring?

The practice is rated as outstanding for providing caring services. Data showed that patients rated the practice much higher than others for almost all aspects of care, for example, the proportion of patients who said their GP was good or very good at treating them with care and concern was 93%, the national average was 85%. Feedback from patients about their care and treatment was consistently and strongly positive, patients thought staff went the extra mile and their care exceeded their expectations. We observed a patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.

Outstanding



### Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services. The practice had initiated positive service improvements

Outstanding



# Summary of findings

for its patients, particularly for those who were vulnerable. The practice had acted on suggestions for improvements and changed the way they delivered services in response to feedback from the patient participation group (PPG).

Patients could access appointments and services in a way that suited them. Data from the national GP survey showed that 91.5% of patients reported a good experience of making an appointment, the national average is 78%. There was an active review of complaints and how they were managed and responded to; improvements were made as a result.

## Are services well-led?

The practice is rated as outstanding for being a well-led service. The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced in conjunction with staff, the purpose to drive forward change and to improve care for patients. High standards were promoted and owned by all practice staff and teams worked together across all roles.

Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice carried out proactive succession planning. There was a high level of constructive engagement with staff and a high level of staff satisfaction. The practice actively gathered feedback from patients via surveys, comments and complaints. They also had an active patient participation group (PPG) which they collaborated with to help improve services.

**Outstanding**



# 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 outstanding for the care of older people because there are aspects of the practice that are outstanding which therefore impacts on all population groups. There was a dedicated practice nurse who reviewed all housebound and care home patients. The practice maintained a “watch list” of patients who were high risk, for example those who required palliative care. The dedicated practice nurse undertook reviews of these patients and made regular telephone calls to them, to identify any potential issues, this was in addition to the consultations they received from the GPs. All patients over the age of 75 had a named GP; the practice had a protocol for this.

One of the salaried GPs had responsibility for a care home project at a local care home. The GP spent one GP session a week there seeing residents with acute problems and carrying out routine reviews. As a result of this comprehensive healthcare plans have been produced for residents with the view of reducing unplanned admissions to hospital.

Outstanding



### People with long term conditions

The practice is rated as outstanding for the population group of people with long term conditions because there are aspects of the practice that are outstanding which therefore impacts on all population groups. The practice used QOF to assist with the monitoring of chronic disease management. Each GP had a specific area to lead on including monitoring outcomes and updating the team on any changes to best practice. The practice nurses had specialist areas such as diabetes and chronic obstructive pulmonary disease (COPD). Patients received holistic reviews of their conditions. The frequency of these was determined by either the GPs seeing an opportunity to carry out a review, QOF data flagging up and need or a medication review being due. High risk patients in this group had a care plan in place.

Outstanding



### Families, children and young people

The practice is rated as outstanding for the population group of families, children and young people because there are aspects of the practice that are outstanding which therefore impacts on all population groups. Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. The practice had a close working relationship with

Outstanding



# Summary of findings

the local health visiting team and midwives and they attended the six weekly multi-disciplinary team meeting at the practice to discuss children and families where there were safeguarding or other concerns.

One of the GPs had received training in engaging with young people and an awareness of those young people who experience poor mental health. Young people were offered contraception and sexual health screening and in house intrauterine device (IUD) and implanon (medicine used for contraception) contraception insertion. The practice were aware of outside agencies who could assist young patients for example the Newcastle Eating Initiative, Connexions and Streetwise.

The practice offered weekly baby clinics which were multi-disciplinary involving the health visitor, practice nurse and a GP; immunisations were available for all children every week both in the baby clinic and at other times for older children. Nationally reported data for 2013/14 showed the practice offered child development checks at intervals that were consistent with national guidelines.

## **Working age people (including those recently retired and students)**

The practice is rated as outstanding for the population group of the working-age people (including those recently retired and students) because there are aspects of the practice that are outstanding which therefore impacts on all population groups. The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care. Appointments were available outside normal working hours, there was a late evening surgery on Tuesday from 6:00pm until 8:00 pm. Appointments could be booked with GPs or practice nurses up to six weeks in advance. There was a GP telephone triage system if patients could not come into the surgery.

The practice offered appointments and repeat prescriptions on-line. Patients could download a patient access application for their mobile phone. Repeat prescriptions could be ordered in person at the surgery, by fax, post or phone. The practice offered a wide range of health promotion information and screening which reflected the needs for this age group.

Outstanding



## **People whose circumstances may make them vulnerable**

The practice is rated as outstanding for the population group of people whose circumstances may make them vulnerable because

Outstanding



# Summary of findings

there are aspects of the practice that are outstanding which therefore impacts on all population groups. The practice had twice as many patients with learning disabilities in comparison with other local practices.

To address the needs of these patients staff had undergone training in learning disabilities. The practice arranged to be inspected by North East Health Checkers who use experts by experience with learning disabilities to carry out a quality check of the practice to assess its responsiveness to patients with learning disabilities. The practice carried out an audit of cervical screening uptake in learning disability patients in order to identify any learning on how they can enable this group of patients to undertake this type of health screening. Health checks for patients with learning disabilities were offered with an invitation letter followed up with a personal telephone call to ensure the patients know why they have been invited to attend.

The practice provided an enhanced service for homeless patients. The practice had conducted research into how they could help this group of patients and contacted local groups to advise them of the service offered. Staff were trained in dealing with homeless patients and the challenges they faced. Same day appointments were offered for this vulnerable group.

The practice were currently in the process of writing to those patients whose hearing was impaired to advise them of the on-line access facility which is available to them.

The practice had developed a carer's protocol. They advertised on prescriptions asking patients to come forward for support if they were carers. They also asked if patients were carers on the new patient registration questionnaire and the chronic disease template.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice had sign-posted vulnerable patients to various support groups and third sector 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 and out of hours.

## **People experiencing poor mental health (including people with dementia)**

The practice is rated as outstanding for the population group of people experiencing poor mental health (including people with dementia) because there are aspects of the practice that are

**Outstanding**





# Summary of findings

outstanding which therefore impacts on all population groups. The practice had a register of patients who experienced poor mental health and those experiencing severe mental health had care plans in place in conjunction with secondary health services.

The practice had sign-posted patients experiencing poor mental health to various support groups and third sector organisations. Information and leaflets about services were made available to patients within the practice.

The practice had a lead GP for dementia who had delivered training to staff on the diagnosis and treatment of dementia. The practice dementia register had recently been reviewed to ensure identification of those patients so they received appropriate care. The practice dementia diagnosis rate was the highest in the clinical commissioning group (CCG) area at 82%, the CCG average was 62%. The dedicated nurse also carried out dementia reviews. The practice held a register of those who suffer with dementia and referrals were made to the memory clinic via the dementia toolkit.

# Summary of findings

## What people who use the service say

We spoke with five patients on the day of our inspection; this included a member of the patient participation group (PPG). All of the patients were satisfied with the care they received from the practice and said their dignity and privacy was respected. Patients commented that they thought they received a good service from the practice.

We reviewed 39 CQC comment cards completed by patients prior to the inspection. Comments were overwhelmingly positive. Common words used by patients included excellent, helpful and polite. Several people commented on the helpfulness of the staff and caring manner of the GPs and that they felt staff tried really hard to get them a convenient appointment. Several patients said it was the best practice they had ever been registered at.

The latest GP Patient Survey completed in 2013/14 showed most patients were very satisfied with the services the practice offered. Results were well above the national average. The results were:

- Percentage of patients who would recommend the practice – 93.1% (national average 79.1%);
- Percentage of patients satisfied with phone access – 94.9% (national average 77.6%);
- GP Patient Survey satisfaction for opening hours – 89.3% (national average 79.9%).

The practice commissioned an independent company to carry out a survey of their patients in December 2014. There were 192 surveys completed. Overall 86% rated the practice as good, very good or excellent.

## Outstanding practice

- The practice held a “watch list”; this was a detailed list which was maintained of high risk patients such as those who required palliative care. One of the GP partners had responsibility for the list. The dedicated practice nurse undertook reviews of these patients and made regular telephone calls to them to identify any potential issues, this was in addition to the consultations they received from the GPs. There was a dedicated practice nurse who reviewed all housebound and care home patients. These were in addition to the 2% of the practice population with complex needs.
- The practice held a dementia register and staff had received training in dementia. The dementia diagnosis rate was the highest in the CCG area at 82% (of the expected diagnosis rate) compared to the CCG average of 62%.
- The practice was awarded a “Healthwatch Newcastle Star Award” in September 2014. Healthwatch is the independent champion for members of the public and users of health and social care services. They were nominated by a patient who used their service who wanted to thank them for going the extra mile to make their experience great.
- The practice recognised that they needed to contact patients with serious or life limiting illnesses, to offer support. This was usually after a diagnosis from hospital. We saw an example of a letter which was sent to patients offering support from the practice and asking the patient to contact them if there was anything they could do to help.
- The practice arranged to be inspected by North East Health Checkers who use experts by experience with learning disabilities to carry out a quality check of the practice to assess its responsiveness to patients with learning disabilities. The practice carried out an audit of cervical screening uptake in learning disability patients in order to identify any learning on how they can enable this group of patients to undertake this type of health screening.
- The practice recognised that staff satisfaction was poor, two years earlier. The practice took action to improve the situation. They carried out leadership training for their staff and introduced 360 degree feedback for GPs. They implemented plans to improve staff satisfaction. All staff were encouraged to influence the practice’s approach to policies and procedures. A receptionist recognised a need for a protocol to be developed for transgender patients, which was written

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by the receptionist and formed part of the practice policies and procedures. This had positive results, staff felt supported and said the practice was a different place to work; they were now able to use their skills and initiative when this had previously not happened.

# Heaton Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to Heaton Road Surgery

The area covered by Heaton Road surgery is within the Newcastle upon Tyne postcode area of NE1 (East of the central motorway, not the City Centre) NE2, NE6 and NE7.

The surgery building is located in the Heaton area of Newcastle upon Tyne. The surgery is purpose built and fully accessible; all rooms and patient services are on the ground floor.

The index of multiple deprivation (IMD) placed the practice in band two for deprivation, where one is the highest deprived area and six is the least deprived.

The practice has four GPs partners and two salaried GPs, all are female. The practice is a training practice. There are three practice nurses and one health care assistant. There is a business development manager and approximately 10 reception and administrative staff.

The practice provides services to approximately 7,200 patients of all ages. The practice is commissioned to provide services within a General Medical Services (GMS) Agreement with NHS England.

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

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

### How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

# Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the local Clinical Commissioning Group (CCG) and NHS England.

We carried out an announced visit on 10 February 2015. During our visit we spoke with a range of staff. This included GPs, practice nurses and reception and administrative staff. We also spoke with five patients. We reviewed 39 CQC comment cards where patients and members of the public shared their views and experiences of the service. Prior to the inspection we spoke with the business development manager by telephone as they were unavailable on the day of our visit.

# Are services safe?

## Our findings

### Safe track record

As part of our planning we looked at a range of information available about the practice. This included information from the General Practice High Level Indicators (GPHLI) tool, the General Practice Outcome Standards (GPOS) and the Quality Outcomes Framework (QOF). The latest information available to us at the time of the inspection indicated there were no areas of concern in relation to patient safety.

The practice had a strong comprehensive safety system which used a range of information to identify risks and improve quality in relation to patient safety. This included reported incidents, national patient safety alerts as well as comments and complaints received from patients. For example, GPs found there were sometimes faxes in their paperwork, of abnormal results, which should have been actioned immediately. A policy was introduced that any faxes received were to be shown to the on call GP that day to ensure they were escalated if appropriate.

Staff we spoke to were aware of their responsibility to raise concerns, and how to report incidents and near misses. Staff said there was an individual and collective responsibility to report and record matters of safety.

We reviewed safety records, incident reports and minutes of meetings. These showed the practice had managed these consistently over time and so could demonstrate a safe track record over the long term.

### Learning and improvement from safety incidents

The practice had a strong system in place for reporting, recording and monitoring significant events. One of the GP partners reviewed all safety alerts and ensured they were filtered and sent to the appropriate member of staff to action. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice.

The business development manager told us about the arrangements in place that ensured all staff had responsibility for reporting significant or critical events. Records of incidents were kept on the practice computer system and made available to us. We saw details of the event, steps taken, specific action required and learning outcomes and action points were noted. Other agencies were given feedback if they were involved. We saw minutes

of weekly business meetings where significant events and complaints were discussed. There was evidence that significant events were discussed at practice management team meetings to ensure learning was disseminated and implemented. For example, there had been a recent significant event where there was a needle stick injury. This was discussed immediately as it was considered severe. Staff were emailed advice immediately and there was a documented action plan put in place to address the issues.

The practice gave us an example of a review they had undertaken of the circumstances surrounding the death of a patient. They included the patient's family in this. We saw the practice carried out its own case review of the events leading up to the incident and tried to learn from the event to see if there was anything which could have been done differently to improve patient safety in the future, they concluded that everything that could have been done clinically and to support the family was done.

The practice told us that as a result of staff highlighting incidents of lost repeat prescriptions as a significant event, an audit was carried out. From this audit an action plan was put in place and discussed with staff to reduce the number of repeat prescription forms lost. The practice completed the audit cycle by undertaking a further audit to see if the changes they had implemented had been effective. The records showed that there had been a significant reduction in the amount of lost repeat prescriptions.

### Reliable safety systems and processes including safeguarding

The practice had systems in place to manage and review risks to vulnerable children, young people and adults. One of the GP partners was the safeguarding lead for both adults and children.

Training records we saw confirmed staff had attended training relevant to them. All staff had received adult and children safeguarding training. The child safeguarding lead had received level 3 child safeguarding training.

Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. There were safeguarding procedures displayed in each room in the practice.

## Are services safe?

The practice had a close working relationship with the local health visiting team. Health visitors attended multi-disciplinary team (MDT) meetings at the practice every six weeks to discuss children and families where there were safeguarding or other concerns, we saw an example of minutes from one of these meetings which was held in January 2015.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments. For example, patients who had been subjected to, or were deemed to be at risk of domestic violence, were flagged on the system.

The practice had a chaperone policy in place. There were notices in the waiting room informing patients they could request a chaperone if required. Clinical staff and some administration staff had been trained to carry out chaperoning. We saw all staff who acted as chaperones and had received a disclosure and barring check (DBS).

### Medicines management

One of the GP partners was the medicines manager for the practice. There was an in house pharmacist who visited the surgery weekly to carry out audit and to help with prescribing plans and targets. We saw there were policies in place for medication reviews, controlled drug prescriptions and prescriptions for other drugs liable to misuse.

We checked medicines stored in the treatment rooms and medicine refrigerators and found all medicines were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures and administration staff were responsible for this task.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. The GPs did not carry medication in their bags. The practice nurse explained they had an emergency medication kit for the GPs to take out if needed. This was kept in the cupboards in the treatment room and the practice nurses were responsible for ensuring the kits were stocked and the medicines were in date, we checked and medicines in the kits were in date. Expired and unwanted medicines were disposed of in line with waste regulations.

There was a protocol for repeat prescribing and medication reviews which was in line with national guidance and was followed in practice. Blank prescription forms were handled according to national guidelines and were kept securely.

### Cleanliness and infection control

We saw the practice was clean, tidy and well maintained. Patients we spoke with told us they were happy with the cleanliness of the facilities. Comments from patients who completed CQC comment cards reflected this. Many patients described the practice as 'very clean'.

The practice had an infection control annual statement, this brought together all systems in relation to infection control, for example, any incidents which were infection control related for the last year, any audits undertaken and any updates of policies procedures and guidelines.

One of the practice nurses was the nominated infection control lead. We saw there was an up-to-date infection control policy and detailed guidance for staff about specific issues such as notifiable diseases. All of the staff we spoke with about infection control said they knew how to access the practice's infection control policies. There were yearly audits of infection control. The practice nurse had received infection control training and all other staff had completed training which included hand washing techniques and specimen handling.

The risk of the spread of infection was reduced as all instruments used to examine or treat patients were single use, and personal protective equipment (PPE) such as aprons and gloves were available for staff to use. Both treatment rooms had walls and flooring that was easy to clean. Hand washing instructions were displayed by hand basins and there was a supply of liquid soap and paper hand towels. The privacy curtains in the consultation rooms were disposable and had the date on them when they were last changed. There were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades.

The practice had a contract with a local cleaning company for cleaning of the premises. There were cleaning schedules in each room for the company to use and the business development manager ensured these were followed.

## Are services safe?

The lead GP explained that the landlord of the building carried out the management, testing and investigation of legionella (bacteria found in the environment which can contaminate water systems in buildings) we saw the risk assessment.

### Equipment

Staff had access to appropriate equipment to safely meet patients' needs. The practice had a range of equipment in place that was appropriate to the service. This included medicine fridges, patient couches, access to a defibrillator and oxygen on the premises, sharps boxes (for the safe disposal of needles) and fire extinguishers. The lead GP showed us documentation regarding the servicing of the equipment.

### Staffing and recruitment

The practice had a comprehensive recruitment policy and a separate policy regarding pre-employment checks which set out the standards they followed when recruiting clinical and non-clinical staff. Staff records we looked at were well organised and contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service. Where a DBS check was not deemed appropriate for the member of staff's role a risk assessment had been undertaken.

The business development manager maintained a list of checks on the professional registrations of the GPs and practice nurses who worked in the practice to ensure these were up to date. There was a schedule which was used to check that staff who required medical defence insurance held this and the date of renewal was noted.

Staff told us there were enough staff to maintain the smooth running of the practice and to ensure patients were kept safe. We saw there was a rota system in place for each staff group to ensure there were enough staff on duty. There were arrangements in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

The practice used locums when necessary. We saw the practice had a 'locum handbook' in place to support locum GPs with their work. There was also a policy on recruitment of locums.

### Monitoring safety and responding to risk

The practice had comprehensive systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. There was a health and safety risk assessment for every room. There was a risk assessment inventory of all control of substances hazardous to health (COSHH) held in the practice.

The practice had developed clear lines of accountability for all aspects of patient care and treatment. There was a practice profile which documented the responsibilities of each member of staff. For example one of the GP partners was the information governance lead, another was the business development and homeless lead. Each GP, including the salaried GPs had responsibility for clinical areas and oversaw care in these areas to ensure they were safe.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and medical emergencies. For example, all staff who worked in the practice were trained in cardiopulmonary resuscitation (CPR).

### Arrangements to deal with emergencies and major incidents

Emergency equipment was available including access to oxygen and a defibrillator (used to attempt to restart a person's heart in an emergency). Staff we spoke with knew where this equipment was kept and confirmed they were trained to use it. They also showed us the emergency medicines which were available in a secure area of the practice, all staff knew of their location. Processes were in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. This had been updated regularly and contained relevant contact details for staff to refer to, for example the insurance company to contact in case of a flood. Following a recent power cut a receptionist devised a specific power cut plan to assist staff in case of future re occurrences.



## Are services safe?

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that

they practised regular fire drills. There were several trained fire wardens who were members of staff in the practice. In October 2014 the practice had a full fire inspection and passed with 100% compliance.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance; accessing guidelines from the National Institute for Health and Care Excellence (NICE), guidelines could be accessed for all clinicians on the practice computer system. We found from our discussions with the GPs and nurses that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate.

There were care plans in place for 2% of the practice population with complex needs to help avoid unplanned admissions into hospital. These were identified through data and other healthcare professionals, which characterised them at high risk. There was a dedicated practice nurse who reviewed all housebound and care home patients. These were in addition to the 2% of the practice population with complex needs. The practice held a "watch list"; this was a detailed list which was maintained of high risk patients such as those who required palliative care. One of the GP partners had responsibility for the list. The dedicated practice nurse undertook reviews of these patients and made regular telephone calls to them to identify any potential issues, this was in addition to the consultations they received from the GPs. All patients over the age of 75 had a named GP; the practice had a protocol for this.

We reviewed the most recent Quality and Outcomes Framework (QOF) results for the practice for the year 2013 / 2014. The QOF is part of the General Medical Services (GMS) contract for general practices. Practices are rewarded for the provision of quality care. We saw the practice had scored very well on clinical indicators within the QOF. They achieved 98.4%, which was above the average in England of 96.47%.

The practice used QOF to assist with the monitoring of chronic disease management. Each GP had a specific area to lead on including monitoring outcomes and updating the team on any changes to best practice. The practice nurses had specialist areas such as diabetes and chronic obstructive pulmonary disease (COPD). Patients received holistic reviews of their conditions when they had multiple long term conditions. The frequency of these was

determined by either the GPs seeing an opportunity to carry out a review, QOF data flagging up a need or a medication review being due. High risk patients in the group had a care plan in place.

The practice had a register of patients who experienced poor mental health and those experiencing severe mental health had care plans in place in conjunction with secondary health services.

The practice had a lead GP for dementia who had delivered training to staff on the diagnosis and treatment of dementia. The practice dementia register had recently been reviewed to ensure identification of those patients so they received appropriate care. The practice dementia diagnosis rate was the highest in the clinical commissioning group (CCG) area at 82%, the CCG average was 62%, this ensured patients could receive the correct care and treatment earlier. The dedicated nurse also carried out dementia reviews. The practice held a register of those who suffer with dementia and referrals were made to the memory clinic via the dementia toolkit.

Patients we spoke with said they felt well supported by the GPs and clinical staff with regards to decision making and choices about their treatment. This was reflected in the comments left by patients who completed CQC comment cards.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for people

The practice had a very good organised system in place for completing clinical audit cycles. They were able to provide us with a list of audits and reviews for the last two years. We saw several examples where audits had undergone two cycles which had been carried out and the practice could demonstrate that they had improved outcomes for patients over time.

The audits and quality improvement activities which were carried out were over and above those which were required to achieve targets such as QOF. For example, the practice

# Are services effective?

## (for example, treatment is effective)

carried out an audit of cervical screening uptake in learning disability patients in order to understand if possible how they could encourage and enable this group of patients to undertake this type of health screening.

An audit of medication reviews for housebound patients was carried out to ensure they received the same level of service as mobile patients. The dedicated practice nurse carried out these reviews. After three months this resulted in the amount of outstanding medication reviews being significantly reduced from 20% to 7% which was better than the guidance rate of 10% for the non-housebound population.

The lead GPs gave examples of three case studies on the day of the inspection which demonstrated how they had achieved positive outcomes for patients. For example a homeless patient with poor mental health. The use of major alerts on patient's records would highlight this patient to staff. The patient required small amounts of regular medication which was covered by the practice policy for the issue of controlled drugs. Staff were aware that this person needed to be seen on the day if they needed an appointment and the practice had regular contact with other organisations who could support this patient to ensure they received the support they needed.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. Staff spoke positively about the culture in the practice around audit and quality improvement. The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

There was a protocol for repeat dispensing which was in line with national guidance. There was an in house pharmacist who visited the surgery every week to carry out audit and help with prescribing plans and targets. There were processes in place to prompt reminders for medication reviews and there was a medication review protocol.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. The practice had a study and training policy which set out for staff the practice's policy for study leave or requesting other facilities in relation to study, learning or training. We reviewed staff training records which went back three years, we saw these were

comprehensive. Staff were up-to-date with attending basic courses such as fire safety. We looked at a selection of staff files and saw that relevant certificates were held for the courses which were on the practice's training matrix. Staff had received specific training to help care for patients with specific needs, for example those with a learning disability and homeless patients. All GPs were up-to-date with their yearly continuing professional development requirements.

The practice was a training practice, one of the GP partners was a GP trainer and they provided us with written feedback from students which described their teaching as "outstanding".

We saw that all staff undertook annual appraisals and there were also six monthly reviews. These identified any learning needs from which personal development plans were documented. Staff interviews confirmed that the practice was proactive in providing training and funding for relevant courses.

We saw the practice had an induction programme to be used when staff joined the practice. This covered individual areas of responsibility and general logistical information about how the practice operated. A pack had also been developed to support locum GPs with their work.

The administrative and support staff had clearly defined roles, however they were also able to cover tasks for their colleagues. This helped to ensure the team were able to maintain levels of support services at all times, including in the event of staff absence and annual leave.

### Working with colleagues and other services

The practice could demonstrate that they worked closely with other services to deliver effective care and treatment across the different patient population groups. For example, they worked closely with the health visitors and district nurses who were on site.

The practice held multidisciplinary team meetings every six weeks where the practice "watch" list which included those in need of palliative care or those with serious diagnosis, were discussed. These meetings included the health visitors, midwives where available and palliative care nurses. There were also child safeguarding meetings every six weeks, we saw an example of the minutes from the last child protection meeting in January 2015 to confirm this. One of the GPs attended monthly meetings at a specialist care home for patients with neurological conditions to discuss their care.

# Are services effective?

(for example, treatment is effective)

The practice had informal coffee meetings in the staff room between the clinical staff every morning at 10:30am where patients with complex or extra care needs were discussed. Support was given to the practice nurses during this time.

There were procedures in place for reviewing results and letters. Correspondence from other services such as test results and letters from hospitals were received either electronically or via the post. All correspondence was scanned and passed to the GP and all faxes to the duty doctor. We saw the practice computer system was used effectively to log and progress any necessary actions. All high risk patients discharged from hospital were contacted and visited if necessary as soon as possible by a GP.

## Information sharing

The practice used electronic systems to communicate with other providers. Electronic systems were in place for making referrals, and the practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use and patients welcomed the ability to choose their own appointment dates and times.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to co-ordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

## Consent to care and treatment

We found, before patients received any care or treatment they were asked for their consent and the practice acted in accordance with their wishes. Staff we spoke with told us they ensured they obtained patients' consent to treatment. Staff were able to give examples of how they obtained verbal or implied consent.

GPs we spoke with showed they were knowledgeable of Gillick competency assessments of children and young people. Gillick competence is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Decisions about or on behalf of people who lacked mental capacity to consent to what was proposed were made in the person's best interests and in line with the Mental Capacity Act (MCA). We found the GPs were aware of the MCA and used it appropriately. One of the GPs was a MCA champion, they had received external training for this and had provided MCA training to all staff at the practice. Staff knew they could go to the GPs for advice on this subject and information was held on the shared computer drive in the practice for staff to access.

The GPs described the procedures they would follow where people lacked capacity to make an informed decision about their treatment. They gave us some examples where patients did not have capacity to consent. The GPs told us an assessment of the person's capacity would be carried out first. If the person was assessed as lacking capacity then a "best interest" discussion needed to be held. They knew these discussions needed to include people who knew and understood the patient, or had legal powers to act on their behalf.

## Health promotion and prevention

New patients were able to download a pre-registration form and a medical questionnaire from the practice website which, once completed, they could submit to the reception team. A health check was offered with the practice nurse at registration.

The practice offered a full range of services; these included minor surgery, antenatal, contraceptive services, smoking cessation and management of long term conditions. There was information on the practice website regarding travel and flu vaccination requirements. NHS health checks were offered for patients aged 40 -74.

The practice were aware of outside agencies who could assist young patients with their health and wellbeing for example the Newcastle Eating Initiative, Connexions and Streetwise and patients used them.

The practice offered regular baby clinics which are multi-disciplinary involving the health visitor, practice nurse and a GP; immunisations were available for all children every week both in the baby clinic and at other times for older children. Nationally reported data for 2013/14 showed the practice offered child development checks at intervals that were consistent with national guidelines.

## Are services effective? (for example, treatment is effective)

Self-treatment advice was given in the practice information leaflet regarding medicines and the nature of advice which could be obtained from the chemist.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

The practice was awarded a “Healthwatch Newcastle Star Award” in September 2014. Healthwatch is the independent champion for members of the public and users of health and social care services. They were nominated by a patient who used their service who wanted to thank them for going the extra mile to make their experience great.

The practice were proud to show us a certificate, which the family of a patient who had passed away, had awarded to them. The family had always praised the practice for their relative’s care and when the patient died they made a certificate which was a certificate of appreciation for outstanding care and compassion.

The practice had a patient’s charter which set out the standards of care which patients could expect to receive and what the practice’s responsibilities were towards patients. This was available in the waiting area of the surgery.

We reviewed the most recent data available for the practice regarding patient satisfaction. This included information from the national GP patient survey, data was in line with or above the national averages. For example, the proportion of patients who described their overall experience of the GP surgery as good or very good was 97%, compared to the national average of 85%. The proportion of patients who said their GP was good or very good at treating them with care and concern was 93%, the national average was 85%. Patients who said the practice nurses were good at treating them with care and concern was 88%, the national average was 90%.

We reviewed 39 CQC comment cards completed by patients prior to the inspection. Comments were overwhelmingly positive. Common words used by patients included excellent, helpful and polite. Several people commented on the helpfulness of the staff and caring manner of the GPs and said it was the best practice they had ever been registered at.

We spoke with five patients on the day of our inspection; this included a member of the patient participation group

(PPG). All of the patients were satisfied with the care they received from the practice and said their dignity and privacy was respected. Patients commented that they thought they received a good service from the practice.

The practice commissioned an independent company to carry out a survey of their patients in December 2014. There were 192 surveys completed. Overall 86% rated the practice as good, very good or excellent. Scores for respect shown were 81%, consideration 78% and recommendation 80%.

We observed staff who worked in the reception area and other staff as they received and interacted with patients. Their approach was seen to be considerate, understanding and caring, while remaining respectful and professional. Phone calls from patients were taken by staff in areas where confidentiality could be maintained.

People's privacy, dignity and right to confidentiality were maintained. For example, the practice offered a chaperone service for patients who wanted to be accompanied during their consultation or examination. A private room or area was also made available when people wanted to talk in confidence with the reception staff. This reduced the risk of personal conversations being overheard.

Staff were aware of the need to keep records secure. We saw patient records were mainly computerised and systems were in place to keep them safe in line with data protection legislation.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt they had been involved in decisions about their care and treatment. They said the clinical staff gave them plenty of time to ask questions and responded in a way they could understand. They were satisfied with the level of information they had been given.

From the 2014 National GP Patient Survey, 83% of patients said the GP they visited had been ‘good’ at involving them in decisions about their care (national average was 81%). The data showed that 86% of patients said the practice nurse they visited had been ‘good’ at involving them in decisions about their care (national average 85%).

From the practice’s own survey patients rated ability to listen as 79%, explanations 79% and ability to express concerns as 79%.

We asked staff how they made sure that people who did not have English as a first language were kept informed



## Are services caring?

about their treatment. Staff told us they had access to an interpretation service, either in person or by telephone, patients records contained an alert for staff if an interpreter was needed.

### **Patient/carer support to cope emotionally with care and treatment**

Patients we spoke with were positive about the emotional support provided by the practice and rated it well in this area. The CQC comment cards we received were also consistent with this feedback. For example, patients commented the GPs were caring, reassuring and supportive.

The practice had developed a carer's protocol. They advertised on prescriptions asking patients to come forward for support if they were carers. They also asked if patients were carers on the new patient registration

questionnaire and their chronic disease template. Patients were asked to sign a consent form if they agreed to their carers being able to access their records in order for them to be involved in their care.

The practice recognised that they needed to contact patients with serious or life limiting illnesses, to offer support. This was usually after a diagnosis from hospital. We saw an example of a letter which was sent to patients offering support from the practice and asking the patient to contact them if there was anything they could do to help.

Support was provided to patients during times of bereavement. Families were contacted regardless of whether they were registered at the practice and support was offered. Staff were kept aware of patients and families who had been bereaved so they were prepared and ready to offer emotional support. Staff we spoke with in the practice recognised the importance of being sensitive to people's wishes.





# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood the different needs of the population and acted on these needs in the planning and delivery of its services. The practice had close links with the community. The receptionists at the practice collected food for the local food bank.

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. For example, the practice had identified its highest risk patients and had developed holistic care plans to meet their needs.

One of the salaried GPs had responsibility for a care home project at a local care home. Initially this involved four of the residents, this had progressed to the care of 20 patients. The doctor spent one GP session a week at the care home seeing residents with acute problems and carrying out routine reviews. As a result of this comprehensive healthcare plans had been produced for residents with the aim to reduce unplanned admissions to hospital. There were also emergency care plans in place if the resident became unwell. The aim was to give guidance to the staff at the care home about action to take and the residents preferred place of care. Resuscitation wishes were also discussed as part of the care plan. There were examples of improved outcomes for residents, for example a resident with learning disabilities received four different types of sedative medication. Reviews of this enabled them all to be stopped and one sedative prescribed. The resident's family agreed that that she was much more alert as a consequence.

One of the GPs had received training in engaging with young people and an awareness of those young people who experience poor mental health. Young people were offered contraception and sexual health screening and in house intrauterine device (IUD) and implanon (medicine used for contraception) contraception insertion services were available.

The practice had multidisciplinary meetings where patients on their watch list and their families' care and support needs were discussed. The practice worked collaboratively with other agencies and regularly shared information to ensure good, timely communication of changes in care and treatment.

The practice had a patient participation group (PPG) and had 18 members although they struggled to attract younger patients to join. The practice had implemented suggestions for improvements and made changes to the way it delivered services following feedback from the group. For example, they canvassed their views on on-line access and how to request repeat medication and changes were made as a result of this. The survey which the practice carried out in December 2014 was discussed at a PPG meeting in January 2015 and an action plan was devised to address issues raised in the report.

The local carers association gave a talk to the PPG. The practice had dedicated one of their newsletters to giving carers information. A member of reception staff was booked onto a training course regarding carers.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice had access to in person or telephone translation services if required, for those patients whose first language was not English.

The practice had twice as many patients with learning disabilities in comparison with other local practices. To address the needs of these patients staff had undergone training in learning disabilities. The practice arranged to be inspected by North East Health Checkers who use experts by experience with learning disabilities to carry out a quality check of the practice to assess its responsiveness to patients with learning disabilities. The report was very positive with areas for improvement highlighted which the practice were working towards.

The practice sent letters to patients with learning disabilities inviting them to take up the offer of a health check. These letters were followed up with a personal telephone call to ensure the patients knew why they had been invited to attend if they hadn't taken up the offer.

The practice provided an enhanced service for homeless patients. The practice recognised they had a high number of patients living in hostels and sleeping rough. They made contact with all local hostels to inform them of their service. They established links with the community psychiatric nurse. The lead GP for homeless patients had received training in dealing with this vulnerable group. They then provided in house training for staff in dealing with homeless patients and the challenges they faced in providing care to this group.





# Are services responsive to people's needs?

(for example, to feedback?)

At the time of our inspection the practice had 44 homeless patients registered. Four of these patients were rough sleepers who were allowed to use the surgery address for registration and mail such as hospital appointments. The practice did not insist on photographic identification from patients which could be a barrier for homeless patients to register. Same day appointments were offered for this vulnerable group to ensure contact was maintained. Major alerts were placed on the records of the homeless so staff could easily identify them and meet their needs.

The practice were currently in the process of writing to those patients whose hearing was impaired to advise them of the on-line access facility which is available to them.

All staff were encouraged to influence the practice's approach to policies and procedures. A receptionist recognised a need for a protocol to be developed for transgender patients, which was written by the receptionist and formed part of the practice policies and procedures.

The premises had been designed to meet the needs of people with disabilities. All of the treatment and consulting rooms could be accessed by those with mobility difficulties and the front door opened automatically. The patient toilet could be accessed by patients with disabilities. There was no patient car park or disabled parking facilities at the practice, this was due the practice being close to the city centre and local authority parking restrictions, however there was public disabled parking close by. The practice had applied to the local authority for disabled parking spaces to be designated outside of the practice, however this request was refused.

The practice partners and salaried GPs were all female. They were conscious that this limited patients in terms of their choice of gender of GP, for consultations and had tried to positively recruit a male GP. The PPG were asked about this issue, however they did not think it a real issue for the practice. There was at the time of our inspection a male locum GP working in the practice.

## Access to the service

Almost all the patients we spoke with and comments cards indicated that patients found it easy to obtain an appointment. Patients commented how helpful the staff were in trying really hard to get them a convenient

appointment. This was reflected in the data from the national GP survey. 91.5% of patients reported a good overall experience of making an appointment (national average 78%).

Appointments were offered Monday to Friday from 8.30am until 6.00pm. There was a late evening surgery on Tuesday from 6:00pm until 8:00 pm. The surgery was closed for staff training on Thursdays from 12:00 noon until 1:30pm. Appointments could be booked with GPs or practice nurses up to six weeks in advance. Medical emergencies were seen on the day. Two of the GPs covered urgent appointments on a morning and one GP on an afternoon. There was a GP telephone triage system if patients could not come into the surgery. We asked when the next routine appointment was available and it was in one week's time. Home visits were available for those who could not come into the surgery.

Data from the national GP survey showed 92% of patients said it was easy to get through on the telephone (national average 75%) The practice had a policy that all reception staff answered the telephones until 10:30am. 89% of patients reported being very satisfied or fairly satisfied with their GP practice opening hours. (National average 79%).

Comprehensive information was available to patients about appointments on the practice website and in the patient information leaflet. This included how to arrange urgent appointments and home visits. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients. The practice offered appointments and repeat prescriptions on-line. Patients could download a patient access application for their mobile phone which enabled them access to book online appointments and order repeat prescriptions. Repeat prescriptions could be ordered in person at the surgery, by fax or post.

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.



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

We saw that information was available to help patients understand the complaints system. Information regarding how to make a complaint was included in the patient information leaflet. There was a leaflet on the full complaints procedure available from reception and this could also be downloaded from the practice website.

There was an active review of complaints and how they were managed and responded to; improvements were made as a result. The business development manager supplied us with a schedule of three complaints which had been received in the last 12 months and we found these had all been dealt with in a satisfactory manner. We saw minutes of weekly significant event and complaints meetings which the practice held.

The practice had been formally recording compliments for the last 18 months, there were over 20 entries. Compliments included patients thanking the practice for prompt and good supportive care.

Healthwatch Newcastle had attended the practice in March 2014 as a mystery shopper to establish how easy it was to make a complaint at the practice and what information was available. They found that there was information available to help patients make a complaint and were encouraged by the feedback from the mystery shopper about their experience with the practice. Information and advice was provided to the practice by Healthwatch to support and promote the complaints process which the practice has used.

# Are services well-led?

Outstanding



(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 a high level of clinical care. They aimed to contribute towards the local planning and commissioning of health care and to be involved in educating and training the next generation of GPs. This was documented within the practice's development plan. The plan set out how the practice were to achieve this, for example, being patient centred and through communication and team working. It was evident in discussions we had with staff throughout the day that it was a shared vision and was fully embedded.

The practice development plan had been written in 2013. The plan set out goals for the practice to achieve; these were separated into short, medium and long term. The short term goals included reviewing the stress and workload of staff. There had been an awareness that the practice was becoming a difficult place to work and a short term goal was to put control measures in place to improve staff satisfaction. Another short term goal included reviewing the clinical needs of patients. Medium term goals included having a period of stability and develop training and skills for staff. Long term goals were to build a reputation of excellence and to enable GPs to develop expertise and special interests. This gave a realistic strategy for achieving the practice priorities.

An interim practice development plan was carried out in January 2015. This reflected on the progress made in two years and a re-evaluation of priorities to ensure continuing development. It recognised achievements such as staff restructure, a change in working processes and engagement with patients. The plan recognised new challenges faced by the practice. They identified that the practice list size had grown by 20% in the last 18 months which was posing a threat to the waiting times for routine appointments. Other challenges identified were potential retirement of a GP, premises becoming too small and being an all-female GP practice.

A progression plan for the next 12 months identified solutions including, recruitment of another salaried GP, which the practice said they had just been successful in doing, prior to our inspection, to evaluate the appointment system to cope with increasing demand and to continue with the staff training plan.

The staff we spoke with, including clinical and non-clinical staff, all knew the provision of high quality care for patients was the practice's main priority. They also knew what their responsibilities were in relation to this and how they played their part in delivering this for patients.

### Governance arrangements

The practice had comprehensive policies and procedures in place to govern activity and these were available to staff via the shared drive on any computer within the practice. We looked at a sample of these policies and procedures. All of the policies and procedures we looked at had been reviewed regularly and were up-to-date. There were policies and procedures in place over and above what would be expected for example an inventory of all control of substances hazardous to health (COSHH) was held in the practice.

The practice held regular governance meetings where matters such as performance, quality and risks were discussed. Practice meetings with the whole team were held every month. Every Wednesday morning the GPs and business development manager held meetings. Multi-disciplinary meetings were held every six weeks. The GP partners and business development manager held meetings every two months to discuss the business.

The practice had comprehensive assurance systems and performance measures, which were reported and monitored. These included the use of their electronic patient records system. The QOF data for this practice showed it was performing above the averages of the local CCG and across England as a whole. Performance in these areas was monitored by the business development manager and GPs, supported by the administrative staff. The practice had identified clinical leads for many of the QOF areas, for example COPD and dementia, had clinical leads allocated to them. We saw that QOF data was regularly discussed at team meetings. Lead GPs had also been identified for many of the additional and enhanced services the practice provided.

There was a systematic programme of clinical and internal audit, which was used to monitor quality and systems and identify where action was needed. The practice had completed a number of clinical audits throughout 2014, for example in relation to statin prescribing, an audit of minor surgery and an audit of vitamin B compound prescribing.

# Are services well-led?

Outstanding



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

The results of these audits demonstrated outcomes for patients had improved. The practice had also carried out audits which were patient outcome driven, for example, in relation to joint injections.

There were comprehensive arrangements for identifying, recording and managing risks, issues and mitigating actions. Incident reporting was encouraged and was reviewed frequently at all levels across the practice.

## **Leadership, openness and transparency**

The practice had a clear leadership structure which had named members of staff in lead roles. For example, there were lead GPs in areas such as safeguarding and lead nurses for the management of specific long term conditions such as heart disease and chronic kidney disease. The GP partners had received leadership training. We spoke with staff throughout the practice, both clinical and non-clinical; they were all clear about their own roles and responsibilities. They also knew who the nominated leads were across the practice.

The practice development plan in 2013 had recognised the well-being of staff as being a priority and the aim being to decrease their work load and decrease stress levels. Staff we spoke with recognised that the practice was now a different place to work than two years ago and the leadership of the practice had made positive changes which had made a vast improvement for staff. Staff risk assessments had been carried out for staff who requested them. We found there were high levels of staff satisfaction. Staff were openly proud of the organisation as a place to work, spoke highly of the open and honest culture and the support they received from the business development manager and the GPs. They felt they were now able to use their skills and initiative where previously this had not happened.

The practice had a whistle blowing policy, a staff handbook and there were communication boards around the practice with information on them for staff. All staff working in the practice wore name badges displaying their name and job title.

## **Practice seeks and acts on feedback from its patients, the public and staff**

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions on a daily basis. Staff we spoke with told us they regularly attended staff meetings. They said these provided them with the

opportunity to discuss the service being delivered, feedback from patients and raise any concerns they had. They said they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We saw the practice also used the meetings to share information about any changes or action they were taking to improve the service and they actively encouraged staff to discuss these points. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a patient participation group (PPG). The practice worked together with the group to produce an action plan following the independent survey the practice commissioned in 2014.

The practice produced a regular newsletter. This was available in the surgery but patients could also download this from the practice website. The newsletter contained information regarding services and it also promoted the patient's group.

Staff we spoke with and records we saw showed that staff meetings were held regularly. Staff said they felt actively encouraged to raise any concerns and suggestions for improvement they had.

## **Management lead through learning and improvement**

Staff we spoke with said the practice supported them to maintain their clinical professional development through training and mentoring. We saw that appraisals took place which included a personal development plan. The GPs including the partners engaged in a 360 degree feedback process which started two years ago. The process generally requires participants to obtain feedback which may include information on performance and behaviours from all colleagues and people they engage with through work. This provides the assessors a fuller picture of contributions the participants have made to the practice. Staff told us that the practice was very supportive of training and development opportunities.

The practice had completed thorough reviews of significant events and other incidents and shared these with staff via meetings. Staff meeting minutes showed these events were discussed, with actions taken to reduce the risk of them

# Are services well-led?

Outstanding



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

happening again. Staff we spoke with consistently referred to the open and honest culture within the practice and the leadership's desire to learn and improve outcomes for patients.