

# Dr Rahman & Staples (Ellison View Surgery)

## Quality Report

Hebburn Health Centre  
Campbell Park Road  
Hebburn  
Tyne and Wear  
NE31 2SP  
Tel: 0191 283 1610  
Website: <http://www.ellisonviewsurgery.nhs.uk/>

Date of inspection visit: 30 September 2016  
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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 at Dr Rahman & Staples on 30 September 2016. Overall, the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Lessons were learned when incidents and near misses occurred.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their

care and decisions about their treatment. They commented positively about the clinical staff at the practice, words used include very good, caring and excellent and understanding.

- Information about services and how to complain was available and easy to understand.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Outcomes were above average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 99.6% of the points available in 2014/2015. This was 5.2% above the local average and 4.9% above the national average.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour regulation.

We saw several areas of outstanding practice:

- Results for the National GP Survey, published in July 2016, were above local and national averages for consultations with clinical staff. Of those who responded 100% said they had confidence and trust in both the last GP, and nurse, they saw or spoke to. We also saw that, for those who responded, 86% would recommend this surgery to someone new to the area (CCG average 79%, national average 78%).
- The practice was aware of the wider issues that faced some of their patients and that affected their health. They had participated in a pilot project to help reduce social isolation in older patients. Led by the practice, but closely involving a national charity for older people. A nurse or GP saw each patient, care plans were put in place if needed and medications were reviewed, with new medications available on the day. The practice arranged for support services for older people to attend the sessions so that non-clinical issues could also be addressed. The sessions were held over three afternoons at the practice and 22 patients took part. The national charity had evaluated the project and is considering extending the project.
- The practice had been one of two practices nationally that had taken part in an accessible information pilot. As part of this, the practice had reviewed the communication needs of all patients with a learning,

hearing or visual disability (67 patients). Where appropriate, each patient met a patient liaison officer to discuss their communication needs. Following this the practice had updated their new patient registration and NHS health check forms to make sure that information about patients' communication needs was collected regularly and produced a large print patient information leaflet. All patients identified with any communication difficulties are now offered longer appointments if required.

- The practice had carried out work with young people to improve their awareness of what general practice can offer and their rights regarding access and consent. This involved giving a lesson to year eight pupils at a local secondary school. This was delivered by a group of GPs, nurses and NHS staff. The practice manager was involved from this practice. Following this work the practice now writes to all patients over the age of 14 with information on patient confidentiality for young people.

There was one area of practice where the provider needs to make improvements.

The provider should:

- Provide all staff with infection control training, which is relevant to their roles and responsibilities.

**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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes and prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, there was an effective safety alert system and safeguarding leads were in place.
- Good infection control arrangements were in place and the practice was clean and hygienic. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- We found that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed patient outcomes were above average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 99.6% of the points available in 2014/2015. This was 5.2% above the local average and 4.9% above the national average. For 18 of the 19 clinical domains within QOF, the practice had achieved 100% of the points available.
- Quality improvement work was taking place, including clinical audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.

Good



# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of people's needs.

## Are services caring?

The practice is rated as outstanding for providing caring services.

- Data showed that patients rated the practice significantly better than other practices for several aspects of care, for example, for consultations with clinical staff. Of those who responded 100% said they had confidence and trust in both the last GP, and nurse, they saw or spoke to. We also saw that, of those who responded, 97% say the last GP they saw or spoke to was good at involving them in decisions about their care (CCG average 85%, national average 82%).
- Feedback from patients and carers we spoke to was continually positive about the way that staff treated people. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw a strong patient-centred culture. On the day of the inspection we heard of many examples where staff had gone the extra mile, for example delivering prescriptions when patients were unable to collect prescriptions or responding to vulnerable patients who required support and intervention.
- The practice was aware of the wider issues that faced some of their patients and that affected their health, they had focused on pilots and projects that focused on these wider needs, for example, they had led a local project that focused on social inclusion.
- The practice supported a CCG project on patient centred care that focused on supporting patients to help themselves improve their own health. A quality marker, 'better u' for patient centred care, had been developed from this project and the practice was involved in testing the quality marker to find out if the award is obtainable without additional support.
- People who use services were active partners in their care. Staff were fully committed to working in partnership with people, on the day of the inspection we saw that the practice was committed to empowering patients.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Information for patients about the services offered by the practice was available. For example, they provided this information on the practice's website and patient leaflet.
- The practice had close links to local and national support organisations and referred patients when appropriate.

Outstanding



# Summary of findings

- All of the administrative staff had completed carers' awareness training to ensure they were aware of their needs. The practice had recently reviewed their carers register to ensure it was up to date.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. They were involved in supporting innovative approaches to providing integrated patient-centred care. We saw that the practice had a proactive approach to understating the needs of different groups of people and to delivering care in a way that met these needs and promoted equality. For example, the practice had been the pilot practice for the clinical commissioning group's (CCG) integrated care team project. This project has since been implemented by the CCG. They had also been part of a local 'talk to us' project to let young patients know of their right to confidential advice at the GP practice.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way the met these needs and promoted equality. This included people who are in vulnerable circumstances and have complex needs. For example, the practice had been one of two practices nationally that had taken part in an accessible information pilot.
- People could access appointments and services in a way and at a time that suited them. Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Data from the National GP Patient Survey, published in July 2016, showed that how patients rated the practice was in line with others for access to care and treatment. For example, of those that responded 77% feel they don't normally have to wait too long to be seen (CCG average 37%, national average 58%).
- The practice had good facilities and was well equipped to treat patients and meet their needs. Specialist clinics and support services were available for patients.
- Information about how to complain was available on the practice website and in the practice leaflet.

Outstanding



## Are services well-led?

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

Outstanding



# Summary of findings

- The practice had a clear vision with quality and safety as their top priority. Staff were clear about the vision and their responsibilities in relation to this. The practice told us that they aimed to provide services for patients based on the whole range of their patient's needs. On the day of the inspection, we saw that staff were committed to this aim.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour regulation. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- 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 practice proactively sought feedback from staff and patients, which it acted on.
- There was an active patient participation group (PPG) and the practice had acted on feedback from the group.
- The leadership drove continuous improvement. There was a clear proactive approach to seeking and embedding new ways of providing care and treatment.

# 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.

- The practice offered proactive, personalised care to meet the needs of the older people in their population. All patients over the age of 75 had a named GP and patients over the age of 75 were offered an annual health check. The practice worked to reduce the unplanned hospital admissions for patients over the age of 75.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs. The health care assistant visited the local linked care home to complete patient health checks for patients newly registered at the practice.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were generally in line with local clinical commissioning group (CCG) and national averages. For example, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was 1.1% above the local CCG average and 2.1% above the national average.
- The practice maintained a palliative care register and offered immunisations for shingles and pneumonia to older people.

Outstanding



### People with long term conditions

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

- The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority for support by the practice, comprehensive care plans were in place and regularly reviewed. The practice completed reviews of long-term conditions at home when patients could not visit the practice.
- Nationally reported data showed that outcomes for patients with conditions commonly found in this population group were generally above national averages. For example, the practice had achieved 99% of the QOF points available for providing the recommended care and treatment for patients with diabetes.

Outstanding



# Summary of findings

This was 9.1% above the local CCG average and 9.8% above the national average. At 9.1%, their clinical exception-reporting rate was 0.4% below the local CCG average and 0.1% below the national average.

- Home visits were available when needed. Longer appointments were available if requested.
- All patients with a long-term condition had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held regular clinics for long-term conditions, for example for patients with diabetes.

## Families, children and young people

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

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were arrangements for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given were generally comparable to CCG averages apart from for one immunisation. Immunisation rates for the vaccinations given to under two year olds ranged from 28.3% to 100% (CCG average 24.8% to 98.9%) and for five year olds ranged from 95.7% to 100% (CCG average 96.2% to 99.1%). Urgent appointments for children were available on the same day.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.
- Nationally reported data showed that outcomes for patients with asthma were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 2.6% above the local CCG and national averages.

Outstanding



# Summary of findings

- The practice had carried out work with young people to improve their awareness of what general practice can offer and their rights regarding access and consent. This involved giving a lesson to year eight pupils at a local secondary school. This was delivered by a group of GPs, nurses and NHS staff. The practice manager was involved from this practice. Following this work the practice now writes to all patients over the age of 14 with information on patient confidentiality for young people.
- The practice provided contraceptive and sexual health advice.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could order repeat prescriptions and routine healthcare appointments online.
- Telephone appointments were available.
- A text message reminder service was available.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- The practice's uptake for cervical screening was 75.4%, compared to the CCG average of 81.9% and the national average of 81.8%.
- Additional services such as new patient health checks, travel vaccinations and joint injections were provided.
- The practice website provided a good range of health promotion advice and information.
- The practice participated in an enhanced service that allowed out of area patients to register with the practice.

**Outstanding**



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

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

- The practice had a vulnerable adult's policy that was regularly reviewed. The practice held a register of patients living in vulnerable circumstances including patients with a learning disability; patients with learning disabilities had been invited to

**Outstanding**



# Summary of findings

the practice for an annual health check. Thirty-one patients were on this register, 84% had an annual review and 48% had an influenza vaccination (2015/2016 data, which had not yet been verified or published).

- The practice had reviewed the communication needs of all patients with learning, hearing or visual disability. They had updated their new patient registration form and NHS health check forms to make sure that they collected this information needs on a regular basis. A large print patient information leaflet was produced and is available for patients. All patients identified with any communication difficulties are offered longer appointments if required.
- The practice used easy read letters to communicate with patients with learning disabilities, pictures of the doctors and nurse at the practice are displayed on room doors to help patients who cannot read.
- Nationally reported data showed that outcomes for patients with a learning disability were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with a learning disability. This was the same as the local CCG average and 0.2% above the national average. The practice used locally produced easy read letters when they invited patients with learning disabilities for cervical screening tests.
- The practice offered longer appointments for patients with a learning disability if requested.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people. The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Good arrangements were in place to support patients who were carers.

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

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

- The practice had identified 1% of their population with enduring mental health conditions on a patient register to

Outstanding



# Summary of findings

enable them to plan and deliver relevant services. Forty-seven patients were on this register, 64% of those has had an annual review, 47% had an influenza vaccination (2015/2016 data, which is yet to be verified or published).

- Nationally reported data showed that outcomes for patients with mental health conditions were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 6.8% above the local CCG average and 7.2% above the national average.
- Nationally reported data showed that outcomes for patients with dementia were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was 4.8% above the local CCG average and 5.5% above the national average. 79% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which was below the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice 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. They had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice actively screened patients with long-term condition for dementia. Staff and members of the PPG had undertaken dementia friends training. The practice played an active part in a local initiative to help make Hebburn a dementia friendly area. The practice's healthcare assistant visited patients with dementia at home to carry out any health checks they required.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results, published in July 2016, showed the practice was performing generally comparable or above the local and national averages in some areas. There were 315 forms sent out and 119 were returned. This is a response rate of 38% and represented 2% of the practice's patient list.

- 73% found it easy to get through to this surgery by phone (CCG average 79%, national average of 73%).
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 96% described the overall experience of their GP surgery as good (CCG average 88%, national average 85%).
- 86% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).
- 79% found the receptionists at this surgery helpful (CCG average 89%, national average of 87%).
- 90% said the last appointment they got was very convenient (CCG average 94%, national average 92%).

- 75% described their experience of making an appointment as good (CCG average 77%, national average of 73%).
- 82% usually waited 15 minutes or less after their appointment time to be seen (CCG average 74%, national average 65%).

We reviewed 27 CQC comment cards that patients had completed. All of these were positive about the standard of care received. Many of the cards very positive about the clinical staff at the practice, words used include very good, caring and excellent and understanding.

We spoke with five patients during or shortly before the inspection; this included one member of the patient participation group. They said they were happy with the care they received. They said they thought the staff involved them in their care, explained tests and treatment to them. They thought the practice was clean. They also said that urgent appointments were always available but that they sometimes had to wait longer than they would like for routine appointments.

## Areas for improvement

### Action the service SHOULD take to improve

- Provide all staff with infection control training, which is relevant to their roles and responsibilities.

## Outstanding practice

- Results for the National GP Survey, published in July 2016, were above local and national averages for consultations with clinical staff. Of those who responded 100% said they had confidence and trust in both the last GP, and nurse, they saw or spoke to. We also saw that, for those who responded, 86% would recommend this surgery to someone new to the area (CCG average 79%, national average 78%).
- The practice was aware of the wider issues that faced some of their patients and that affected their health. They had participated in a pilot project to help reduce social isolation in older patients. Led by the practice,

but closely involving a national charity for older people. A nurse or GP saw each patient, care plans were put in place if needed and medications were reviewed, with new medications available on the day. The practice arranged for support services for older people to attend the sessions so that non-clinical issues could also be addressed. The sessions were held over three afternoons at the practice and 22 patients took part. The national charity had evaluated the project and is considering extending the project.

- The practice had been one of two practices nationally that had taken part in an accessible information pilot.

# Summary of findings

As part of this, the practice had reviewed the communication needs of all patients with a learning, hearing or visual disability (67 patients). Where appropriate, each patient met a patient liaison officer to discuss their communication needs. Following this the practice had updated their new patient registration and NHS health check forms to make sure that information about patients' communication needs was collected regularly and produced a large print patient information leaflet. All patients identified with any communication difficulties are now offered longer appointments if required.

- The practice had carried out work with young people to improve their awareness of what general practice can offer and their rights regarding access and consent. This involved giving a lesson to year eight pupils at a local secondary school. This was delivered by a group of GPs, nurses and NHS staff. The practice manager was involved from this practice. Following this work the practice now writes to all patients over the age of 14 with information on patient confidentiality for young people.

# Dr Rahman & Staples (Ellison View Surgery)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr Rahman & Staples (Ellison View Surgery)

Dr Rahman & Staples, Ellison View Surgery is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 6,000 patients from one location: Hebburn Health Centre, Campbell Park Road, Hebburn, Tyne and Wear, NE31 2SP. We visited this address as part of the inspection.

Dr Rahman & Staples, Ellison View Surgery is situated in converted premises; the practice is the only occupant of the building at this time. The practice is based on the ground floor; all reception and consultation rooms are fully accessible for patients with mobility issues. An onsite car park is available which includes dedicated disabled parking bays.

The practice has two GP partners and two salaried GPs (one male, three female). The practice employs a practice manager, two practice nurses, a health care assistant and eleven staff who undertake reception and administrative duties. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

The practice is:

- An approved training practice; where 3rd year medical students gain experience in general practice.
- The practice is active in clinical research and patients at the practice are encouraged to participate in appropriate clinical trials.

Dr Rahman & Staples, Ellison View Surgery is open at the following times:

- Monday - 8.30am to 7.30pm
- Tuesday - 8.30am to 6.00pm
- Wednesday - 8.30am to 6.00pm
- Thursday - 8.30am to 6.00pm
- Friday - 8.30am to 6.00pm

The telephones are answered by the practice during opening hours. When the practice is closed patients are directed to the NHS 111 service. This information is also available on the practices' website and in the practice leaflet. The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare, which is locally known as Northern Doctors Urgent Care Limited.

Appointments are available at Dr Rahman & Staples, Ellison View Surgery at the following times:

- Monday to Friday 8:30am to 12:30pm and 1:30pm to 5:30pm

Extended hours appointments are available from 6pm to 8pm, one evening a week with a GP or nurse.

The practice is part of NHS South Tyneside clinical commissioning group (CCG). Information from Public Health England placed the area in which the practice is located in the third most deprived decile. In general, people living in more deprived areas tend to have greater need for health

# Detailed findings

services. Average male life expectancy at the practice is 75 years compared to the national average of 79 years. Average female life expectancy at the practice is 80 years compared to the national average of 83 years.

The proportion of patients with a long-standing health condition is above average (61.5% compared to the national average of 54%). The proportion of patients who are in paid work or full-time employment or education is below average (46% compared to the national average of 61.5%). The proportion of patients who are unemployed is above average (12.3% compared to the national average of 5.4%).

## 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 September 2016.

During our visit we:

- Reviewed information available to us from other organisations, such as NHS England. Reviewed information from the CQC intelligent monitoring systems.

- Spoke to staff and patients. This included two GPs, the practice manager, two nurses, the healthcare assistant and one member of the reception team. We spoke with five patients who used the service and members of the extended community healthcare team who were not employed by, but worked closely with the practice.
- Looked at documents and information about how the practice was managed and operated.
- Reviewed patient survey information, including the National GP Patient Survey of the practice.
- Reviewed a sample of the practice's policies and procedures.

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 were provided for specific groups of people and what good care looked 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available for staff to use to document these. The incident recording form supported the recording of notifiable incidents under the duty of candour regulation. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written or verbal apology and were told about any actions to improve processes to prevent the same thing happening again. For example, following a significant event the practice had updated their signage to make sure that patients were directed to the correct consultation and treatment rooms.
- The practice carried out a thorough analysis of significant events. We reviewed the forms used to record significant events. These recorded the event and any actions taken by the practice to reduce the risk of the event reoccurring. We saw that a more effective method of collating the actions taken would improve this process and support learning from significant events.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS) when appropriate.
- The practice had an effective system for reviewing and acting on safely alerts received.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We found that:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for adult and child safeguarding. The GPs attended

safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in children's safeguarding. Staff were able to describe actions taken when they had become aware of concerns and were aware of their responsibilities.

- Notices in the clinical rooms and the waiting area advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw that the premises were clean and tidy. The practice nurse was the infection control lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. We saw that informal infection control audits were undertaken. Staff assured us that they took action to address any issues raised and that they would formalise their infection control audit arrangements.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment for most staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. However, for the most recently appointed administrative staff the practice had not formally checked for proof of identity.

## Are services safe?

- The practice had a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### 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 with a poster, which identified local health and safety representatives. All staff were given a practice health and safety booklet. The practice had an up to date fire risk assessment and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice regularly reviewed the staffing needs of the practice.

### Arrangements to deal with emergencies and major incidents

The practice had appropriate 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 that alerted staff to any emergency. Panic alarms were fitted in the clinical rooms.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks were available in a treatment room. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of the medicines we checked were in date and fit for use.
- The practice had a business continuity plan which was regularly reviewed. It included details of actions to be taken in the event of possible disruptions to service, for example, loss of power.
- Medical emergency guidance ensured reception staff were aware of the actions they needed to take if anyone presented at reception requiring immediate medical help.

# 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.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recent published results showed the practice had achieved 99.6% of the total number of QOF points available compared to the local clinical commissioning group (CCG) average of 94.4% and the national average of 94.8%. At 9.1%, their clinical exception-reporting rate was 0.4% below the local CCG average and 0.1% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/2015 showed;

- Performance for the diabetes related indicators was above average (99% compared to the national average of 89.2%). The practice's exception reporting rate was 11.5%, which was the same as the CCG average for this indicator.
- Performance for the mental health related indicators was above average (100% compared to the national average of 92.8%). The practice's exception reporting rate was 19.3%, which was above the CCG average of 14.5 for this indicator.
- Performance for the heart failure related indicators was above average (100% compared to the national average of 97.9%). The practice's exception reporting rate was 7.1%, which was below the CCG average of 12.5% for this indicator.

- Performance for the dementia related indicators was above average (100% compared to the national average of 94.5%). The practice's exception reporting rate was 7.2%, which was above the CCG average of 4.3% for this indicator.
- The practice performed well in other areas. For example, the practice had achieved 100% of the points available for 18 of the 19 clinical domains, including the learning disability, cancer and rheumatoid arthritis domains.

The practice showed us data (which had not yet been published or verified) that they had achieved 99.1% of the total number of QOF points available for 2015/2016.

There was evidence of quality improvement including clinical audit.

- The practice demonstrated that they had carried out clinical audit activity to help improve patient outcomes. We saw evidence of four two-cycle audits, including one that looked at how the practice monitored patients prescribed disease modifying anti-rheumatics drugs (DMARDs). This audit showed the practice had improved their performance by 7%. They now have a designated DMARD coordinator who works to further improve performance in this area. We also saw evidence of a number of other audits that were linked to improving patient outcomes.
- The practice participated in clinical commissioning group (CCG) medicines optimisation and quality in prescribing schemes to improve patient outcomes and provide cost effective care.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff, including locum GPs. It covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how

# Are services effective?

## (for example, treatment is effective)

they stayed up to date with changes to the immunisation programmes, for example, by having access to on line resources and discussion at practice meetings.

- Staff received training which included: safeguarding, basic life support and information governance and equality and diversity. Staff had access to and made use of in-house training and external training. However, infection control training was not provided for all staff, the practice told us that they would review the training provided for staff to ensure that this was provided.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Most staff had received an appraisal within the last 12 months. The practice told us that they would review their arrangement for the appraisal of the one member of staff who had not been appraised by the practice.

### 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 and intranet systems.

- This included risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.
- Staff worked together 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, when they were referred or, after they were discharged from hospital.
- The practice had been the pilot practice for the clinical commissioning group's (CCG) integrated care team project. This project has since been implemented by the CCG. Bi-monthly integrated care meetings had been introduced as part of this project; these meetings included attached staff such as district nurses and the social workers. At these meetings, patients were

discussed and comprehensive care plans were developed if required, and patients were allocated a care co-ordinator to support information sharing. These meetings ensured patients received coordinated care to help them avoid admission to hospital. High-risk patients (and their families/carers when appropriate) were encouraged to be involved in developing their care plans and were given a paper copy to keep. Emergency Health Care Plans (EHCPs) were developed when appropriate. The partners at the practice supported the wider implementation of the project with the CCG.

- We saw evidence that multi-disciplinary team (MDT) meetings took place. For example, the practice held bi-monthly palliative care meetings as well as regular meetings with health visitors. If a patient required palliative care, their needs were discussed as part of the integrated care meetings to make sure any support required was promptly put in place. We saw that the practice provided personalised end of life care with a focus on offering continuity of care. On the day of the inspection, we saw several cards from patients thanking the practice for the care they offered after following a bereavement.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The reception and administration staff had all completed training on Mental Capacity Act 2005.

### Supporting patients to live healthier lives

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

- This included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet. The practice

# Are services effective?

(for example, treatment is effective)

provided in house smoking cessation advice and weight monitoring support. Smoking cessation advice was provided by the health care assistant and one of the reception staff.

- Information such as NHS patient information leaflets was also available.
- The practice's website provided a good range of health information and details of support services available for patients.
- The administrative staff had completed training to enable them to identify carers.

The practice's uptake for the cervical screening programme was 75.4%, which was below the local CCG average of 81.9% and national average of 81.8%. 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 had identified their low uptake and introduced a range of GP signed letters to be sent to patients who did not attend for screening tests.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages apart from for one immunisation. For example, childhood immunisation rates for the vaccinations given to under two years old ranged from 28.3% to 100% (CCG average 24.8% to 98.9%). For five year olds rates ranged from 95.7% to 100% (CCG average 96.2% to 99.1%). The practice worked to encourage uptake of screening and immunisation programmes with the patients at the practice.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We saw that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Feedback from patients and carers we spoke to was all positive about the way that staff treated people. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw a strong patient-centred culture. On the day of the inspection we heard of many examples where staff had gone the extra mile, for example delivering prescriptions when patients were unable to collect prescriptions or responding to vulnerable patients who required support and intervention.
- The practice was aware of the wider issues that faced some of their patients. For example the practice had participated in a pilot project funded by the CCG to help reduce social isolation in older patients. Clinics for older patients were arranged at the practice and the practice arranged bus transport for these patients and ensured that the practice's healthcare assistant also travelled on the bus so that there was a person who was familiar to patients on the bus. At the practice a nurse or GP saw each patient, care plans were put in place if needed and medications were reviewed, and if there were new medicines required these would be available on the day. The practice also arranged for other support services for older people to attend the sessions so that non-clinical issues could be addressed with the aim of addressing social care needs and reducing social isolation.
- Staff recognised and respected the totality of people's needs. They always took into account people's personal, cultural, social and religious needs.
- From discussion with the clinical staff, we heard of good examples of patient focused care and staff were able to describe examples of good quality care. For example, the practice supported a clinical commissioning group (CCG) project on patient centred care that focused on supporting patients to help themselves improve their own health.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- People who use services were active partners in their care. Staff were fully committed to working in partnership with people, on the day of the inspection we saw that the practice was committed to empowering patients.

We reviewed 27 Care Quality Commission comment cards completed by patients. All of these were very positive about the care and service experienced. Several said the care provided was very good and that the clinical staff at the practice provided excellent and supportive care that took time to understand their needs.

Results from the National GP Patient Survey, published in July 2016, showed patients were very satisfied with how they were treated and that this was with compassion, dignity and respect.

- 100% said they had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%).
- 99% said the GP they saw or spoke to was good at listening to them (clinical commissioning group (CCG) average 91%, national average 89%).
- 97% said the GP they saw or spoke to gave them enough time (CCG average 89%, national average 87%).
- 98% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 100% had confidence or trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).
- 99% said the last nurse they saw or spoke to was good at listening to them (CCG average 92%, national average 91%).

The practice gathered patients' views on the service through the national friends and family test (FFT). (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). Data from the most recent Friends and Family Survey carried out by the practice, from April 2016 to June 2016, showed that 78% of patients said they



## Are services caring?

would be extremely likely or likely to recommend the service to family and friends and 22% of patients would be unlikely to recommend the service to family and friends. The practice was aware of this and actively monitored their friends and family results. They had responded to some of the concerns raised by introducing a patient liaison role, experienced administration staff now dealt with complex issues raised at reception. The practice also replied to all comments made on the NHS Choices website and discussed all comments made with the patient participation group.

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

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

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Of the patients who responded to the survey:

- 95% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 97% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%).
- 98% said the last nurse they saw was good at explaining tests and treatments (CCG average 92%, national average 90%).

- 98% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- A portable hearing loop was available for patients who were hard of hearing.

### 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 website also provided a range of health advice and information.

The practice's computer system alerted GPs if a patient was also a carer. The practice had links to support organisations and referred patients when appropriate. One of the administration staff managed the register of carers, and ensured patients had access to any information they requested. The practice had identified 96 of their patients as being a carer (1.6% of the practice patient population). So far 22% of the carers on this register had a carers health check completed in the last year. During the last year, the practice had reviewed their carers register to ensure it was up to date. They found that many patients had been recorded incorrectly or were no longer carers. Work would now focus on improving the support they provided for carers at the practice.

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

There was a proactive approach to understanding the needs of different groups of people and to the delivery of care in a way that meets these needs and promotes equality. This included people who are in vulnerable circumstances or who have complex needs.

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice worked closely with the local CCG and had taken part in a number of local projects that focused on the needs of vulnerable patients.

- The practice had been one of two practices nationally that had taken part in an accessible information pilot. As part of this, the practice had reviewed the communication needs of all patients with a learning, hearing or visual disability (67 patients). Where appropriate, each patient met a patient liaison officer to discuss their communication needs. Following this, the practice had updated their new patient registration and NHS health check forms to make sure that information about patients' communication needs was collected regularly and produced a large print patient information leaflet. All patients identified with any communication difficulties are now offered longer appointments if required. They used their clinical system to alert staff the preferred method of communication for these patients. The practice used easy read letters to communicate with patients with learning disabilities, pictures of doctors and nurse were displayed on room doors to help patients who could not read or who had other communication difficulties.
- The practice had been part of a local 'talk to us' project to let young patients know of their right to confidential advice at the GP practice. The practice manager was part of a group from several practices that attended a local community college to raise awareness with young people. The practice now writes to all patients over the age of 14 with information on patient confidentiality for young people.
- The practice was aware of the wider issues that faced some of their patients. They had participated in a pilot project to help reduce social isolation in older patients.

This was done by the practice, but closely involving a national charity for older people. Groups of older patients were transported to the practice and the practice healthcare assistant had travelled on the bus so that there was a familiar face for patients. A nurse or GP saw each patient, care plans were put in place if needed and medications were reviewed, with new medications available on the day. The practice arranged for support services for older people to attend the sessions so that non-clinical issues could be addressed. The practice worked closely with the local integrated care team to make sure they invited the right patients. The sessions were held over three afternoons at the practice and twenty-two patients took part. The national charity had evaluated the project and is considering extending the project.

- The practice had taken part in several local projects based on the needs of their patients. For example, they were the pilot practice for the integrated care team's project. They had also taken part in a local Care Home Plus pilot project scheme from November 2015 to March 2016 with five other local practices. This project included weekly care home visits and the completion of Emergency Health Care Plans (EHCP). The project had been evaluated by the local CCG and shown to have reduced overall unplanned hospital admissions by 30% compared to other care homes, as well as a 15% reduction in A & E attendance compared to the same period last year. Those practices not participating in the scheme had seen a 1% increase.

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

- Staff and members of the PPG had undertaken dementia friends training. The practice played an active part in a local initiative to help make Hebburn a dementia friendly area. The practice's healthcare assistant visited patients with dementia at home to carry out any health checks they required.
- When a patient had more than one health condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- The practice held regular clinics, for example, for patients diagnosed with diabetes, coronary heart disease and to provide childhood immunisations.



# Are services responsive to people's needs?

## (for example, to feedback?)

- There were longer appointments available for patients with a learning disability, patients with long-term conditions and those requiring the use of an interpreter when requested.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. Patients told us that urgent appointments were available when required.
- Extended hours appointments were available from 6pm to 8pm, one evening a week with a GP or nurse.
- Patients were able to receive travel vaccinations that were available on the NHS.
- Smoking cessation support and dietary advice was provided by the practice.
- There were disabled facilities, a portable hearing loop and translation services were available.
- Patients could order repeat prescriptions and book GP appointments on-line.
- A text message service was available to remind patients when they had an appointment.
- The practice provided contraceptive services and sexual health advice to patients.
- The practice provided joint injection services.
- The surgery offered an International Normalised Ratio (INR) test for patients on warfarin. The INR is a blood test that needs to be performed regularly on patients who are taking warfarin to determine their required dose. By being able to have the test at the surgery or at home, patients did not have to travel to their local hospital for the test.
- A regular practice newsletter was produced that provided information on the services available and any changes at the practice.
- Patients at the practice could self-refer to physiotherapy services.

### Access to the service

The practice was open at the following times:

- Monday - 8.30am to 7.30pm
- Tuesday - 8.30am to 6.00pm
- Wednesday - 8.30am to 6.00pm
- Thursday - 8.30am to 6.00pm
- Friday - 8.30am to 6.00pm

Appointments were available at the practice at the following times:

- Monday to Friday 8:30am to 12:30pm and 1:30pm to 5:30pm

Extended hours appointments were available from 6pm to 8pm, one evening a week with a GP or nurse.

Results from the National GP Patient Survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was above or broadly in line with local and national averages.

- 83% of patients were satisfied with the practice's opening hours (CCG average 81%, national average of 76%).
- 73% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 84% patients said they able to get an appointment or speak to someone last time they tried (CCG and national average 85%).
- 77% feel they normally don't have to wait too long to be seen (CCG average 67%, national average 58%).
- 75% describe their experience of making an appointment as good (CCG average 77%, national average 73%).

The practice had reviewed the outcome of the National GP Patient survey published in July 2016 and compared their achievement to the previous year. While there had been some improvements they had agreed two target areas (patients can easily go through by phone and helpfulness of receptionists) and taken action to improve their future performance. They had updated their telephone system so that more staff could take patient calls if required. The practice had identified the need for additional staff training and development, and this was due to start shortly after the inspection. The practice had also introduced a patient liaison role, so that experienced administration staff now dealt with the more complex patient issues that were raised at reception.

The practice patient list was increasing significantly. Over the past four months, due to neighbouring practices having closed their lists, this practice had accepted over 150 new patients resulting in increased pressure on the staff and surgery resources. The practice was currently considering the options available to them to accommodate these increased demands.



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

Most patients told us they were able to get appointments when they needed them. The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was done by gathering information from the patient when they called to request an urgent appointment, the reception staff then booked patients into either a GP or nurse triage clinic the same morning based on an agreed list of illnesses. If the patient did not want to discuss the reason for their appointment with a member of the reception staff, a nurse called the patient for further information.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

We also spoke with five patients during or shortly following the inspection, one of which was a member of the patient participation group. They told us that urgent appointments were available when required but they were aware that some patients found it difficult to make a routine appointment in a timely manner. On the day of the inspection, there was a routine appointment with a nurse available in two days and a routine appointment with GP was available in five days.

## Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice; GPs provided clinical oversight when required.
- We saw that information was available to help patients understand the complaints system. Information was on display in the practice leaflet and on the practice website.

We looked at three of the six complaints received in the last 12 months and found that these were dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints, and action was taken as a result to improve the quality of care. For example, the practice updated their procedures following the accidental disclosure of patient identifiable data. We saw that the recent letters sent to the patient did not include information on actions the patient could take if they were unhappy with the practice's response to their complaint. The practice told us that they would include this information in any future written responses to complainants

# 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 high quality care and promote good outcomes for patients.

- The practice mission statement was 'to improve health, wellbeing and lives of those we care for'. The practice's aims and objectives included, 'to provide high quality, safe and professional services to our patients', and 'to focus on prevention of disease by promoting health and wellbeing.
- Staff we spoke with described a strong patient centred culture, even though some seemed unaware of the practice's stated aims and objectives.
- A practice charter had been created that detailed the standards the practice aimed to provide for patients and patient responsibilities. This charter had been reviewed with the patient participation group.

### Governance arrangements

The practice had an overarching governance framework, which supported the delivery of their strategy and good quality care. This outlined the structures and procedures staff had put in place to achieve this.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs, nurses and the practice management team held lead roles in key areas, for example, in safeguarding and the Quality and Outcomes Framework (QOF). The management of the practice had a comprehensive understanding of the performance of the practice.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice was aware of the need to ensure they had plans in place to manage future staff changes and they reviewed the staffing levels at the practice on a regular basis.

### Leadership and culture

On the day of the inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

- The practice held regular meetings. Staff we spoke with told us that communication at the practice worked well and they were made aware of changes that were made.
- Practice specific policies were implemented and these were easily accessible to staff. Policies were regularly reviewed and updated.
- Staff told us there was an open culture within the practice and, they had the opportunity to raise any issues, felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported by the partners, the practice manager, and their own teams. During the inspection, we saw that staff and the management of the practice had strong working relationships. Most staff met each day for lunch.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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

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

- The practice had gathered feedback through their patient participation group (PPG), surveys and complaints received. The group met regularly. The PPG were actively consulted on possible changes at the practice and they responded to issues raised by the

# Are services well-led?

Outstanding



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

group. The practice shared the issues raised when complaints were made when this was possible. The PPG told us that the practice was always open and honest with them.

- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was planning effectively for changes at the practice. The leadership drove continuous improvement. There was a clear proactive approach to seeking and embedding new ways of providing care and treatment.

For example:

- The practice had taken part in several local projects based on the needs of their patients. For example, the practice was the pilot practice for the integrated care team's project. The practice also had taken part in Care Home Plus, a local pilot project scheme that ran from November 2015 to March 2016, with five other local practices. This project included weekly care home visits and the completion of care plans. The project had been evaluated by the local CCG and shown to have reduced overall unplanned hospital admissions by 30% compared to other care homes, as well as a 15% reduction in A & E attendance compared to the same period last year. Those practices not participating in the scheme had seen a 1% increase.
- The practice had participated in a pilot project to reduce social isolation in older patients. Led by the practice, but closely involving a national charity for older people. The national charity had evaluated the project and is considering extending the project.

- The practice had been one of two practices nationally that had taken part in an accessible information pilot. As part of this, the practice had reviewed the communication needs of all patients with a learning, hearing or visual disability (67 patients).
- The practice supported a CCG project on patient centred care that focused on supporting patients to help themselves improve their own health. A quality marker, 'better u' for patient centred care had been developed from this project and the practice was involved in testing the quality marker to find out if the award is obtainable without additional support.
- The practice had been an integral part of a CCG project to reduce attendance at A & E departments over the winter of 2015. The practice piloted the information sharing system used as part of the pilot and supported the management and administration of the project. All the surgeries involved now have an effective information system in place for any future projects that require access to shared information. The practice manager remains as the information governance lead for the project.
- The practice was actively involved in clinical research. The practice was 'Research Ready' registered and accredited with the Royal College of General Practitioners (RCGP). RCGP Research Ready is an online quality assurance framework, designed for use by any general practice in the UK actively, or potentially engaged in research. All members of staff involved in research were trained (NHS recognised training; Good Clinical Practice (GCP)), to carry out research studies. The practice had participated in a number of research studies and signposted patients to research projects as appropriate. For example, research studies on diabetes and catheterisation.