

Avenue Medical Practice

Quality Report

5 Osborne Avenue
Newcastle Upon Tyne
Tyne and Wear
NE2 1JQ

Tel: Tel: 0191 2810041

Website: www.avenuemedicalpractice.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

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

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.
- Risks to patients and staff were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and responsibilities.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Areas for further improvement had been identified and the staff team was working with NHS England to secure these.
- Information about how to complain was available and easy to understand.

- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment. Results from the national GP Patient Survey showed good levels of patient satisfaction regarding the quality of the care and treatment provided by the GP partners and the practice nurse.
- Patients reported good access to the practice and appointments.
- There was a clear leadership structure and staff felt supported by the management team. Good governance arrangements were in place.
- Staff had a clear vision for the development of the practice and were committed to providing their patients with good quality care. This included a good practice development plan which set out their priorities for development.

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.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned when things went wrong and shared with staff to support improvement. There was an effective system for dealing with safety alerts and sharing these with staff. Individual risks to patients had been assessed and were well managed. Good medicines management systems and processes were in place and there were appropriate arrangements for recruiting and vetting staff. The premises were clean and hygienic and there were good infection control processes in place.

Good



Are services effective?

The practice is rated as good for providing effective services.

Nationally reported Quality and Outcomes Framework (QOF) data showed the practice had performed well in providing recommended care and treatment to their patients. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included the promotion of good health, and the provision of advice and support to patients to help them manage their health and wellbeing. Staff worked with other health care professionals to help ensure patients' needs were met. There was an effective staff appraisal system, and staff had access to the training they needed to carry out their duties. Staff had completed a variety of clinical audits and used these to improve patient outcomes.

Good



Are services caring?

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment. The practice had put good arrangements in place to meet the needs of carers. Results from the national GP Patient Survey showed patients were satisfied with the quality of the care and treatment they received from the GP partners and the practice nurse. During the inspection we saw staff treated patients with kindness and respect, whilst maintaining patient confidentiality. The

Good



Summary of findings

survey also showed that patient satisfaction levels with access to the practice and appointments were significantly higher than both the local clinical commissioning group (CCG) and the national averages. This was reflected in the feedback we received from patients.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Staff had reviewed the needs of their patient population and were providing services to meet them. The practice engaged with the local CCG and worked with them to improve and develop patient care. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand. Evidence provided during the inspection showed that the practice responded quickly to any issues raised. Patients said they found it easy to make an appointment with a named GP which helped provide continuity of care. Urgent, same day appointments and telephone consultations were available.

Good



Are services well-led?

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

The GP partners and the practice manager had a clear vision about how they wanted the practice to grow and develop, and were taking steps to deliver this. The practice had good governance processes, and these were underpinned by a range of policies and procedures accessible to all staff. There were systems and processes in place to identify and minimise risks to patients and staff, and to monitor the quality of services provided. The practice team had taken action to ensure their compliance with the national standards and underpinning regulations. They had regularly monitored and reviewed their performance since their registration in order to improve the quality of the services they provided. Regular practice and multi-disciplinary team meetings took place, these helped to ensure patients received effective and safe clinical care. The practice proactively sought feedback from patients who were encouraged and supported to comment on how services were delivered.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Staff provided proactive, personalised care which met the needs of older patients. Patients aged 75 and over had been allocated a named GP to help ensure their needs were met. Good arrangements had been made to meet the needs of 'end of life' patients. Staff held regular palliative care meetings with other healthcare professionals to review the needs of these patients and ensure they were met. The practice offered home visits and longer appointment times where these were needed by older patients. Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group. For example, the practice had obtained 100% of the Quality and Outcomes Framework (QOF) points available to them for the cancer clinical indicator. This was 3.6% above the local clinical commissioning group (CCG) average and 2.1% above the England average. 76.9% of patients aged 65 years or over received a seasonal influenza vaccination which was better than the national average of 73.2%.

Good



People with long term conditions

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

Effective systems were in place which helped ensure patients with long-term conditions received an appropriate service which met their needs. These patients all had a named GP and received an annual review to check that their needs were being met. For those people with the most complex needs, the named GP worked with other relevant health and care professionals to deliver a multidisciplinary package of care. Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group. For example, the practice had obtained 100% of the QOF points available to them for the chronic kidney disease indicator. This was 4.6% above the local CCG average and 5.3% above the England average. Patients at risk of hospital admission were identified as a priority, and steps were taken to manage their needs. Staff had completed the training they needed to provide patients with safe care.

Good



Summary of findings

Families, children and young people

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

Antenatal and baby clinics were held by midwifery and health visitor staff attached to the practice. The GP partners provided support to these clinics. A full, child immunisation programme was provided. For example, the data showed that 100% of eligible children had received eight of the 18 childhood immunisations included in the programme and over 90% of eligible children had received seven of the other childhood immunisations. With regard to the other three immunisations over 87% had received these. Younger patients were able to access contraceptive and sexual health services, and appointments were available outside of school hours. There were systems in place to identify and follow up vulnerable children who were at risk of harm and neglect. Nationally reported data showed the practice had performed well in providing recommended care and treatment for this group of patients. For example, the QOF data for 2014/15 showed the practice had obtained 100% of the overall points available to them for providing cervical services. This was 1.8% above the local CCG average and 2.4% above the England average. 82.4% of women aged between 25 and 65 had received a cervical screening test in the preceding five years compared to the national target rate of 80%.

Good



Working age people (including those recently retired and students)

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

The practice had assessed the needs of this group of patients and developed their services to help ensure they received a service which was accessible, flexible and provided continuity of care. The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflects the needs of this group of patients. Nationally reported data showed the practice had performed well in providing recommended care and treatment for this group of patients. For example, the QOF data for 2014/15 showed the practice had obtained 100% of the overall points available to them for providing for patients with hypertension. This was 2.2% above both the local CCG and the England averages.

Good



People whose circumstances may make them vulnerable

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

The practice held a register of patients living in vulnerable circumstances including patients with learning disabilities. Staff carried out annual health checks for patients who had a learning

Good



Summary of findings

disability and offered longer appointments. Staff provided GP consultations for homeless men at a local healthcare centre, and, where appropriate, had made referrals to secondary care so patients could access appropriate healthcare. Staff provided vulnerable patients with information about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff understood their responsibilities regarding information sharing, the documentation of safeguarding concerns and contacting relevant agencies.

People experiencing poor mental health (including people with dementia)

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

Nationally reported data showed the practice had performed well in providing recommended care and treatment to patients with mental health needs. For example, the QOF data for 2014/15 showed the practice had obtained 100% of the overall points available to them for providing care and treatment to patients with mental health needs. This was 7.3% above the local CCG average and 7.2% above the England average. Patients were provided with advice about how to access relevant support groups and voluntary organisations. Patients were also able to access in-house and local 'Talking Therapy' services. There were written guidelines for staff setting out what they should do to meet the needs of patients with poor mental health. Patients received annual healthcare reviews and had the opportunity to participate in the preparation of their personal care plans. One of the GP partners acted as the adult mental health lead for the local CCG, to help improve and develop services for this group of patients. The lead GP for patients with mental health needs had reviewed the reasons why some of these patients failed to attend planned appointments, and they had provided reception staff with guidance regarding how they should follow up patients who did not attend.

Good



Summary of findings

What people who use the service say

We spoke to five patients during our inspection, one of whom was a member of the practice's patient participation group (PPG). All of these patients were complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were caring and helpful. They also said they were treated with respect and dignity at all times, they were very happy with the appointments system and the premises were always kept clean and tidy.

As part of our inspection we asked practice staff to invite patients to complete CQC comment cards. We received 34 completed comment cards. All the respondents were positive about the standard of care and treatment provided. Words used to describe the service included: pleasant; responsive; very impressive; very caring; welcoming; fantastic service; very professional and friendly service; exceptional; very efficient; would highly recommend. None of the patients who completed comment cards raised any concerns about the care and treatment they received at the practice.

The results of the national GP Patient Survey of the practice, published in July 2015, showed their performance was above, or in line with, most of the local CCG averages, and was above the national averages for all of the areas covered by the survey. (There were 112 responses and a response rate of 26%.)

For example, of the patients who responded to the survey:

- 98% found it easy to get through to this surgery by telephone, compared with the local CCG average of 78% and the national average of 73%.
- 94% found the receptionists at this surgery helpful, compared with the local CCG and national averages of 87%.
- 87% who had a preferred GP said they usually got to see or speak to that GP, compared with the CCG average of 61% and the national average of 60%.
- 93% were able to get an appointment to see or speak to someone the last time they tried, compared with the local CCG and national averages of 85%.
- 100% said the last appointment they got was convenient, compared with the local CCG average of 93% and the national average of 92%.
- 96% had confidence and trust in the last GP they saw, compared with the local CCG average of 96% and the national average of 95%.
- 88% said the last GP they saw or spoke with was good at treating them with care and concern, compared to the local CCG average of 87% and the national average of 85%.
- 100% said they had confidence and trust in the last nurse they saw or spoke to, compared with the local CCG average of 98% and the national average of 97%.
- 95% said the last GP they saw or spoke with was good at treating them with care and concern, compared to the local CCG average of 92% and the national average of 90%.

Avenue Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Avenue Medical Practice

The Avenue Medical Practice is registered with the Care Quality Commission to provide primary care services. The practice provides services to approximately 2962 patients from one location:

- 5 Osborne Avenue, Jesmond, Newcastle Upon Tyne, NE21JQ.

The Avenue Medical Practice is a small practice providing care and treatment to patients of all ages, based on a General Medical Services (GMS) contract. The practice is situated in the Jesmond area of Newcastle-Upon-Tyne and is part of the NHS Newcastle Gateshead clinical commissioning group (CCG.) The health of people who live in Newcastle is varied when compared to the England average. Deprivation is higher than average, with about 13200 (29%) of children living in poverty. Life expectancy for both men and women is lower than the England average. Life expectancy is 11.9 years lower for men and 9.1 years lower for women, in the most deprived areas of Newcastle.

The Avenue Medical Practice is located in an adapted residential building and provides patients with fully accessible treatment and consultation rooms. All GP and nurse consultation rooms are on the ground floor. The practice provides a range of services and clinics including,

for example, services for patients with asthma and heart disease. There are two GP partners (one male and one female), a practice manager, a practice nurse, and a team of administrative and reception staff.

The practice is open on Monday and Tuesday between 8am and 6:30pm, and on Wednesday, Thursday and Friday between 8:30am and 6pm. GP appointment times were as follows:

Monday: 8:30am-10:50pm; 15:40pm to 6:30pm.

Tuesday: 8am to 10:30am and 4pm to 6:30pm.

Wednesday: 8am to 12 noon and 1pm to 6pm.

Thursday: 8:30am to 12 noon, 1pm to 2pm and 2:30pm to 6pm.

Friday: 8:30pm to 10:30am and 3:30pm to 6pm.

Extended hours GP appointments were offered on alternate Saturdays, between 8:30am and 11am.

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

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 registered provider is

Detailed findings

meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspection team:

- Reviewed information available to us from other organisations, for example, such as NHS England.
- Reviewed information from the CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 20 October 2015.
- Spoke to staff and patients.
- 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.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach to reporting and recording significant events. The practice had a significant events policy which described how staff should respond to and manage significant events. We were told concerns about patient safety were dealt with by one of the GP partners, and that lessons learned were communicated to the staff team by the practice manager. The practice nurse told us all significant events were discussed at the weekly clinical meetings. External professionals were invited to attend significant event review meetings where the GP partners judged this would improve learning outcomes. Three significant events had been recorded in the previous 12 months. The records we looked at showed these had been appropriately handled, and lessons had been learned by the team. Where appropriate, we saw staff had contacted patients affected by a significant event and openly shared what had happened and why. Suitable arrangements had also been made to learn from other incidents that occurred at the practice. We saw lessons were shared to make sure action was taken to improve safety in the practice.

Patient safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. All safety alerts received by the practice were read by one of the GP partners, and then forwarded to the relevant team member for action. An audit trail was in place which provided the practice manager with confirmation that staff had read relevant safety alerts.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe. We found:

- There were arrangements for safeguarding adults and children from abuse that reflected relevant legislation and local requirements. Staff had access to relevant safeguarding policies which included information was available within the practice regarding which agencies should be contacted if there were safeguarding concerns. The GP partners held lead responsibilities for safeguarding and provided colleagues with guidance

and support whenever this was required. Staff demonstrated they understood their responsibilities and all had received safeguarding training relevant to their role.

- There was a notice in the waiting room advising patients that staff would act as chaperones, if required. All the staff who took on this role had undergone a Disclosure and Barring Service (DBS) check. (DBS)
- There were suitable arrangements for managing medicines which kept patients safe. A safe system was in place for handling repeat prescriptions and ensuring they were authorised before being issued or sent to the patient's preferred pharmacist. Regular medication audits were carried out with the support of the local clinical commissioning group (CCG) pharmacy adviser, to ensure the practice was prescribing in line with best practice guidelines. Suitable arrangements were in place to carry out medicines reviews and the practice had a safe process for dealing with any changes to patients' medicines. Prescription pads were securely stored to prevent potential misuse.
- There were suitable arrangements for carrying out required staff recruitment checks. The staff files we sampled showed that appropriate checks had been undertaken on each member of staff prior to their employment. These included: checks that staff were registered with the appropriate professional body; obtaining references from previous employers; checking that staff had obtained the qualifications they needed to carry out their roles and responsibilities; carrying out a DBS check to make sure, where appropriate, new staff were safe to care for vulnerable adults and children.
- There were appropriate arrangements for maintaining standards of cleanliness and hygiene at the practice. The premises were clean and tidy throughout. Estimates had been obtained, and funding requested, to enable improvements to be made to the examination rooms. For example, we were told this would include improving hand wash facilities and providing more suitable floor coverings.

Staff had completed an infection control annual statement for 2015 which set out the practice's arrangements for preventing the spread of infection. The practice had a designated infection control lead who provided staff with guidance and advice when

Are services safe?

appropriate. This person had completed the more advanced training required to enable them to carry out this lead role effectively. Following completion of their training, they had carried out an infection control risk assessment in February 2015. Areas for improvement were identified, and we saw evidence that these had been addressed. For example, monthly cleaning schedules were created for all rooms and medical equipment. We noted that since 1 February 2014, 15 minor operations had been completed, and audits carried out found no evidence of post-operative infections. There were suitable infection control protocols in place and all staff had received basic infection control training. However, we found that the practice's induction checklist did not cover infection control. A legionella risk assessment had been completed in 2013, and regular water temperature checks were undertaken to help prevent the risk of Legionella developing in the practice's water systems. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.)

Monitoring risks to patients:

There were appropriate procedures in place for monitoring and managing risks to patient and staff safety. The practice had an up-to-date fire risk assessment and staff took part in a fire drill in May 2015. All electrical and clinical equipment was checked to ensure it was safe to use and in good working order. Staff had carried out a health and safety risk assessment of the premises in May 2015 to help identify and minimise risks to staff and patients.

Arrangements were in place for planning and monitoring the number and mix of staff required to meet patients' needs. There was a rota system for all the different staffing groups to ensure that enough were on duty. Locum GP cover was rarely used because the GP partners covered

each other's leave. We were told that when the practice nurse took leave, some of their clinical duties were covered by the GP partners. There was no evidence that the decision not to provide full holiday cover for the nurse had impacted upon the quality of care patients had received.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers used by all the staff which alerted them to any emergency occurring at the practice. All staff had received annual basic life support training to help them deal with an emergency.

There were arrangements for making sure staff carried out regular checks of the practice's emergency drugs and equipment. Medicines were available for the GPs to take out with them on routine visits for use in an emergency. Our discussions with the GPs indicated they had considered what emergency medicines they needed to carry and, in doing so, had taken into account factors such as the proximity of local hospitals and the opening hours of local pharmacies. Records we looked at confirmed that checks of the emergency medicines stored at the practice, and the medicines kept by the GPs in their 'Doctor's Bag', were carried out by the practice nurse. With one exception, recorded checks had been carried out monthly during 2015. All the medicines we checked were within date. Checks of the practice's resuscitation equipment, including the defibrillator and oxygen supply, had also been carried out, and a record of these had been kept since June 2015.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included the emergency contact numbers of staff. All staff had access to this document which was kept on the practice's intranet system.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) and British Medical Association best practice guidelines. For example, staff showed us the locally produced guidelines they followed when treating patients with high levels of blood fats. Clinical staff were able to access NICE and local guidelines via the practice's intranet system, and we saw evidence that changes to these guidelines had been discussed in clinical meetings.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF, and their performance against national screening programmes to monitor outcomes for patients. Overall, the QOF data for 2014/15 showed the practice had performed well in obtaining 99.6% of the total points available to them. (This was 4.1% above the local clinical commissioning group (CCG) average and 6.1% above the England average.) For example, with regards to specific clinical conditions the QOF data showed:

- The practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with cancer. This was 3.6% above the local CCG average and 2.1% above the England average.
- The practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with chronic obstructive pulmonary disease. This was 3% above the local CCG average and 4% above the England average.

The QOF data showed the practice had obtained 100% of the total points available to them for delivering care and treatment aimed at improving public health. This achievement was 3.9% above the local CCG average and 4.3% above the England average.

The practice's clinical exception reporting rate was 9% for 2014/15. This was 0.1% above the local CCG average and 0.2% below the England average. We were told the

exception reporting rate was similar to other local practices. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.) This practice was not an outlier for any QOF (or other national) clinical targets.

Records of the clinical audits undertaken by staff demonstrated improvements to patient outcomes. Those we looked at included, for example, whether the GPs were following NICE guidelines, regarding the care and treatment provided to patients presenting with a sore throat. This two-cycle audit showed there had been an increase in the number of patients receiving the right antibiotic for the right length of time as specified in national guidelines. Other audits had also been completed in response to feedback received from the practice's local CCG. For example, staff had carried out a clinical audit to check whether patients with high blood fat levels were being prescribed the medicine recommended by the local CCG. Following a recent dementia coding audit, staff had identified that they had more patients with dementia than the number who were currently included on the practice's dementia register. As a result of the audit, additional patients had been placed on this register. This meant these patients were able to benefit from being offered an annual health review, to help ensure their condition was being appropriately managed.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as health and safety, fire safety, and maintaining confidentiality.
- The learning needs of staff were identified through a process of appraisals and regular meetings as well as the work undertaken by the practice to quality check their performance against national standards and regulations. Staff had access to appropriate training to enable them to carry out their roles and responsibilities effectively. This included support for the revalidation of the GP partners. Training was provided in a variety of ways including clinical supervision and e-learning training modules. All staff had had an appraisal within the last 13 months.

Are services effective?

(for example, treatment is effective)

- All staff training included safeguarding, basic life support, the Mental Capacity Act and the new Duty of Candour.

Coordinating patient care and information sharing

The practice's patient clinical record and intranet systems helped make sure staff had access to the information they needed to plan and deliver care and treatment. The information included, for example, patients' medical records and test results. All documents relating to patients were scanned onto the practice's clinical record system and then any tasks that required attention were assigned to the appropriate clinician.

Staff worked well together, and with other health and social care professionals, to assess and plan ongoing care and treatment, and to meet the range and complexity of patients' needs. There were agreed systems for clinical staff to make referrals to community health staff. Appropriate arrangements were in place which ensured effective communication between the practice and the local out-of-hours service. Special patient notes were used on the practice's intranet system to make sure that the emergency services had access to important information about the needs of patients with complex support needs. Staff had put a system in place to make sure that any cancer two-week-wait referrals were received by the relevant hospital department. We were told this helped to make sure that none of the referrals staff made were lost.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA, 2005), and had adopted the General Medical Council (GMC) guidance on consent. We saw evidence that all staff had completed MCA training relevant to their roles and responsibilities.
- When providing care and treatment to children and young people, clinical staff carried out assessments of their capacity to consent, in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, we were told the GP or practice nurse would carry out an assessment of the patient's capacity and, where appropriate, would record the outcome.

Health promotion and prevention

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Where appropriate, the outcomes of health assessments were followed up with the patients concerned, if abnormalities or risk factors had been identified.

Arrangements had been made to provide women with access to cervical screening services. The QOF data for 2014/15 showed the practice had obtained 100% of the overall points available to them for providing cervical screening services. This was 1.8% above the local CCG average and 2.4% above the England average. The data also showed the practice had protocols that were in line with national guidance. This included protocols for the management of cervical screening, and for informing women of the results of these tests. 82.4% of women aged between 25 and 65 had received a cervical screening test in the preceding five years compared to the national target rate of 80%.

Staff identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, patients who were also carers, patients at risk of developing a long-term condition and patients requiring advice on diet, smoking or alcohol cessation. Nationally reported QOF data, for 2014/15, showed the practice had obtained 100% of the overall points available to them for providing recommended care and treatment to patients who smoked. This was 5% above the local CCG average and 4.9% above the England average. The data also confirmed the practice had supported patients to stop smoking using a strategy that included the provision of suitable information and appropriate therapy.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed, throughout the inspection that members of staff were courteous and very helpful to patients. Patients attending at the practice or calling by telephone were treated with dignity and respect. Curtains/screens were provided in consulting rooms so that patients' privacy and dignity could be maintained during examinations and treatments. Consultation and treatment room doors were closed during consultations so that conversations taking place in these rooms could not be overheard. Reception staff told us they knew when patients wanted to discuss sensitive issues or appeared distressed and said they would offer them a private room to discuss any matters they wanted to talk about. However, we saw that the names of patients on their medical records were visible to others through the reception window glass screen. We shared this with the practice team who said they would take action to address this.

As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 34 completed comment cards. All respondents were positive about the standard of care and treatment provided. Words used to describe the service included: pleasant; responsive; very impressive; very caring; welcoming; fantastic service; very professional and friendly service; exceptional; very efficient; would highly recommend. None of the patients who completed comment cards raised any concerns about the care and treatment they received at the practice. We spoke with a member of the Patient Participation Group (PPG) on the day of our inspection. They also said they were satisfied with the care provided by the practice and confirmed their dignity and privacy was respected. They also told us they thought their care was 'faultless' and they did not think they could find a better quality of care anywhere else.

The practice also used the Friends and Family Survey to obtain feedback from patients. 24 patients had completed the survey during July, August and September 2015. All of the respondents said they would either be 'extremely likely' or 'likely' to recommend the practice to friends and family.

Results from the national GP Patient Survey of the practice, published in July 2015, showed patients were satisfied with

how they were treated. Patient satisfaction levels were mostly above, or in line with, all local clinical commissioning group (CCG) and national averages. Of patients who responded to the survey:

- 96% said they had confidence and trust in the last GP they saw. This was the same as local CCG average of 96% and above the national average of 95%.
- 90% said the GP was good at listening to them. This was the same as the local CCG average of 90% and above the national average of 89%.
- 90% said the GP gave them enough time, compared to the local CCG average of 88% and the national average of 87%.
- 88% said the last GP they spoke to was good at treating them with care and concern, compared to the local CCG average of 87% and the national average of 85%.
- 100% said they had confidence and trust in the last nurse they saw, compared to the local CCG average of 98% and the national average of 97%.
- 95% said the last nurse they spoke to was good at treating them with care and concern, compared with the local CCG average of 92% and the national average of 90%.
- 94% said they found the receptionists at the practice helpful, compared with the local CCG and national averages of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decisions 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 treatments available to them.

Results from the national GP Patient Survey of the practice showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The results were either above, or broadly in line with, local and national averages. Of the patients who responded to the survey:

Are services caring?

- 89% said the last GP they saw was good at explaining tests and treatments; compared to the CCG average of 88% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 84% and national average of 81%.
- 94% said the last nurse they saw was good at explaining tests and treatments; compared to the CCG average of 91% and national average of 90%.
- 85% said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 87% and national average of 85%.

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

Patient and carer support to cope emotionally with care and treatment

Suitable arrangements had been made to meet the needs of patients who were also carers. For example, one of the GP partners and the practice manager acted as carers' leads and had taken on the role of carers' champion. (Carers' champions are staff who have completed awareness training to enable them to provide leadership to other staff in identifying and supporting carers.) Staff kept a register of patients who were also carers to help ensure the needs of these patients were met. The practice manager told us planning was underway to provide carers with the influenza vaccination and the register had been a useful tool in helping them to do this. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care. For example, staff used a local healthcare intelligence tool to help them identify at-risk patients, and compare their performance in meeting the needs of these patients against local and national benchmarks. We saw that all of these patients had a personalised care plan. Staff had also contacted those patients who had been discharged from hospital, following an unplanned admission, to review and ensure their needs were being met.

Clinical staff reviewed the reasons why patients with mental health problems might not have attended a planned appointment. They provided reception staff with guidance regarding how they should follow up any non-attendance by these patients. The practice had performed well in providing services to patients with mental health needs. They had obtained 100% of the QOF points available to them for providing recommended care and treatment to patients with mental health needs. This was 7.3% above the local clinical commissioning group (CCG) average and 7.2% above the England average. The data showed that 100% of patients with the mental health conditions covered by the QOF, had a comprehensive care plan which had been agreed with them and their carers. This was 15.3% above the local CCG average and 11.7% above the England average. One of the GP partners, who was the adult mental health lead for the local CCG, also provided GP consultations for homeless men, at a local healthcare centre.

There were appropriate arrangements for meeting the needs of patients with learning disabilities. The practice kept a register of these patients (8) to help ensure staff knew who they were, so they could make arrangements to meet their needs. There were longer appointments available for people with a learning disability. The practice had obtained 100% of the QOF points available to them in 2014/15 for providing recommended care and treatment to patients with learning disabilities. This was in line with the local CCG average and 0.2% above the England average.

The practice offered extended hours appointments on alternate Saturdays, between 8am and 11am, for working

patients and students who could not attend during normal opening hours. Patients were able to book appointments and order repeat prescriptions on-line. Working age patients had access to a range of services, including travel and minor surgery clinics. Staff had taken steps to meet the needs of their student population. For example, the practice website included a page for students which gave advice about how to register with the practice. We did note that none of the information on the website was available in any language other than English.

The practice had a good website which gave patients access to information and advice to help them manage their own health and well-being. This included a video library providing information about common illnesses and how to manage them.

Midwives attached to the practice held fortnightly ante-natal clinics and a weekly baby clinic was held by the attached health visitor. The GP partners provided support to both of these clinics. The practice provided a full programme of child immunisations. Nationally reported data demonstrated that the practice performed well in delivering this programme. For example, the data showed that 100% of eligible children had received eight of the 18 childhood immunisations included in the programme and over 90% of eligible children had received seven of the other childhood immunisations. With regard to the other three immunisations over 87% had received these.

There were good arrangements for managing and meeting the needs of older patients and patients with long-term conditions. There were clear procedures for staff to follow when recalling patients for annual healthcare reviews. Our interview with the practice nurse provided good evidence of the practice's focus on supporting and encouraging patients to manage their long-term conditions via an agreed care plan. A range of protocols were in place which supported staff to provide patients with a good level of care and treatment. Patients at risk of hospital admission were identified as a priority, and steps had been taken to manage their needs.

Staff provided a range of services, including family planning, Well Women and Well Man clinics, sexual health advice, and smoking cessation support. Older patients had a named GP who oversaw their care and treatment. Good

Are services responsive to people's needs?

(for example, to feedback?)

arrangements were in place to support patients nearing the end of their life. One of the GPs acted as the palliative care lead, and patients received palliative care that was in line with the Gold Standards Framework.

Reasonable adjustments had been made which helped patients with disabilities and those whose first language was not English, to use the practice. For example, the consultation and treatment rooms were located on the ground floor. An automatic door had recently been installed to make it easier for patients with disabilities to access the practice. There was a disabled toilet which had appropriate aids and adaptations. A loop system was available for hearing impaired patients. The waiting area was spacious, making it easier for patients in wheelchairs to manoeuvre. Staff had access to a telephone translation service and interpreters, should they be needed. On-street disabled parking was available at the front of the surgery.

Access to the service

The practice was open from 8am to 6.30pm on Monday and Tuesday, and between 8am and 6pm on Wednesday, Thursday and Friday. The practice was also open between 8am and 11am on alternative Saturdays. GP appointment times were as follows:

Monday: 8:30am-10:50pm and 15:40pm to 6:30pm.

Tuesday: 8am to 10:30am and 4pm to 6:30pm.

Wednesday: 8am to 12 noon and 1pm to 6pm.

Thursday: 8:30am to 12 noon, 1pm to 2pm and 2:30pm to 6pm.

Friday: 8:30pm to 10:30am and 3:30pm to 6pm.

Extended hours GP appointments were offered on alternate Saturdays between 8:30am and 11am.

Patients were able to book routine appointments in advance, and same-day and urgent appointments were available for patients that needed them. Telephone consultations were also provided. Appointments could be booked online by patients who had registered for that service. Discussions with staff indicated that, should demand for appointments increase, the practice manager would notify the GP partners, who would then provide extra sessions. Patients told us they were able to obtain

appointments when they needed them. Administrative time had been included in each of the GP's appointment sessions and we were told this helped reduce patient appointment waiting times.

Results from the national GP Patient Survey of the practice, published in July 2015, showed that patient satisfaction levels with access to the practice and appointments, were significantly higher than both the local CCG and the national averages. Of the patients who responded to the survey:

- 86% were satisfied with the practice's opening hours, compared to the local CCG average of 78% and the national average of 75%.
- 98% said they could get through easily to the surgery by telephone, compared to the local CCG average of 78% and the national average of 73%.
- 95% described their experience of making an appointment as good, compared to the local CCG average of 74% and the national average of 73%.
- 83% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 68% and the national average of 65%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. We found that:

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated person responsible for handing complaints. The GP partners undertook this role in their absence.
- Appropriate information was available to help patients understand the complaints system. For example, the practice had a patient friendly complaints leaflet and information about complaints was on display in the waiting area.
- Staff held an annual complaints meeting to review the complaints they had received and ensure that learning points had been followed through, to help prevent reoccurrences.

The practice had received two complaints since April 2015. We found these had been satisfactorily handled and dealt

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

with in an open, transparent and timely way. Lessons were learnt from concerns and complaints and, where appropriate, an apology was offered where staff judged they had not got things right.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- A recorded and up-to-date vision and strategy statement, which emphasised the promotion of patients' safety through clinical and management audit, as well as the promotion of openness and transparency within the practice.
- A detailed and up-to-date practice development plan. The plan had, in part, been informed by the completion of standardised planning tools to help staff identify their priorities. The practice manager told us all staff had been involved in the development of the practice's development plan. Our interviews with staff confirmed they clearly understood the values of the practice.
- Working as part of a Federation with other GP practices to develop better services for patients in their local communities.

Governance arrangements

We saw evidence of good governance arrangements. The practice team had taken action to ensure their compliance with the national standards and underpinning regulations. They had regularly monitored and reviewed their performance since their registration in order to improve the quality of the services they provided. The practice's governance arrangements included:

- A range of policies and procedures that governed staff's day-to-day activities. This included an overarching governance policy.
- Systems to monitor and improve quality and identify areas of risk and how to minimise these.
- The allocation of lead roles to designated staff so they could provide their colleagues with leadership and guidance in the areas of responsibility that had been delegated to them.
- Regular practice and multi-disciplinary team meetings which helped to ensure patients received effective and safe clinical care.

- Arrangements which supported staff to learn lessons when things went wrong, and to support the identification, promotion and sharing of good practice.
- The completion of clinical audits to identify where improvements could be made with regards to outcomes for patients.
- Actively seeking feedback from patients.
- Good arrangements for making sure the premises, and the equipment used by staff, were maintained in a safe condition and were in good working order.
- Arrangements which ensured that staff understood their own roles and responsibilities.

Leadership, openness and transparency

The GP partners and practice manager had the experience, capacity and capabilities needed to run the practice and ensure high quality care. Staff had created a culture which encouraged and sustained learning at all levels in the practice. Through their partnership working with other agencies, they had promoted quality and continuing improvement. Staff told us they would feel comfortable raising issues.

The practice had a policy setting out how they would comply with the requirements of the Duty of Candour regulation. Everything we saw and heard at the practice demonstrated that the GP partners and the practice manager encouraged a culture of openness and honesty, and treated patients' safety as a high priority. Duty of Candour training had also been completed by some staff to support the practice's commitment to ensuring candour. There was a clear leadership structure in place and staff felt supported by the practice manager and GP partners. Staff told us regular staff meetings were held and they said they felt respected, valued and supported.

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

The practice clearly valued feedback from patients, the public and staff, and they proactively sought feedback from patients. We found:

- The practice had gathered feedback from patients via their Patient Participation Group (PPG) and the use of a patient survey. There was an active PPG which had met twice during the previous nine months. The PPG helped carry out the most recent in-house patient survey of the

Are services well-led?

Good 

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

practice. Evidence submitted to us demonstrated that members of the PPG had also taken part in discussions with staff about potential areas for improvement and how these might be implemented. The PPG member we spoke with said the practice really welcomed their involvement and responded positively to any suggestions they made. Following discussions with the PPG, staff had provided a folder in the waiting area which contained information for patients about how they could access services as well as other information they thought might be helpful to patients.

- The practice had also gathered feedback about their performance from staff through yearly appraisals and staff meetings. Staff told us they would not hesitate to

give feedback and discuss any concerns or issues with the GP partners or the practice manager. They told us they felt involved and engaged in how the practice was run.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development by providing them with access to ongoing training that related to their roles and responsibilities. Staff told us that the practice was very supportive of training. The documentary evidence we looked confirmed that regular staff appraisals took place. The practice had completed reviews of significant events and other incidents and had used these to help ensure the practice improved outcomes for patients.