

Chadwick Practice

Quality Report

One Life Hartlepool
Park Road
Hartlepool
TS24 7PW
Tel: 01429 234646
Website: chadwick-practice.co.uk

Date of inspection visit: 29 September 2016
Date of publication: 08/03/2017

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Chadwick Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chadwick Practice on 29 September 2016. 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. All opportunities for learning from internal and external incidents were maximised.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. The practice promoted a no blame culture and encouraged staff to raise concerns and possible risks.
- 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.
- Feedback from patients about their care was consistently positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

We saw areas of outstanding practice

The practice had developed a range of in-house information and education leaflets, a number of which were easy read and pictorial. For example they had developed an A4 brochure giving patient information about the blood taking procedure. It was an easy read brochure which also contained photographs of the procedure and gave patient clear explanations of what to expect through each part of the procedure.

The practice provided a 'drop in' clinic for patients who needed blood tests. This allowed for flexibility and good access for patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was 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. This was discussed at the monthly meetings and shared verbally with the team.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to 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.
- Risks to patients were assessed and well managed.
- The practice promoted a non-judgemental approach to dealing with incidents which encouraged staff to report all concerns.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and there was a proactive approach to audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a strong focus on education and learning.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There are innovative approaches to providing integrated patient-centred care. The practice had introduced the role of the practice pharmacist. This provided a proactive approach to improving the care of patients and medicines. They worked closely with patients, clinical staff, the local pharmacies and care homes.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice predominantly higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice worked well with local support agencies. There was a drop in to the practice from Hartlepool carers.

Good



Are services responsive to people's needs?

The practice is rated as good 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.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients could access appointments and services by telephone, online or in person.
- The practice building was purpose built had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had developed a range of in-house information and education leaflets for patients. Examples included information for asylum seekers and refugees and a brochure about the blood taking procedure.
- The practice carried out additional assessments for patients aged 75 or over. An example included a frailty assessment where risk was identified and systems put in place to monitor those patients at risk.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this and had been involved in the process.
- 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 management and team meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was a virtual group.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had clearly identified areas of risk, challenges and improvement required which informed their future planning.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over the age of 75 had a named GP and nurse led annual reviews.
- The practice offered 20 minute appointments.
- Regular patient summaries were supplied to the nursing homes to aid the GP visits and urgent care as part of the avoiding unplanned admissions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had registered patients in twelve nursing homes that were visited on a two weekly basis. The practice had completed care plans for those patients who needed them.
- The practice had identified and reviewed the care of those patients at highest risk of admission to hospital. These patients who had an unplanned admission or presented at Accident and Emergency (A&E) had their care plan reviewed and patients were contacted within three days of hospital discharge. All discharges were reviewed to identify areas for improvement.
- The practice had a number of initiatives in place for care to their older patients. An example included the provision of a frailty register for patients 75 years of age and over.
- The practice had employed a part-time pharmacist to help clinicians with poly-pharmacy. Polypharmacy is the use of four or more medications by a patient, generally in patients over 65 years.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 88%. This was 5% above the local CCG average and 8% above the England average.

Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicine 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 promoted self-management for some long term conditions.
- The practice loans out TENS machines to help patients with their pain management.
- The practice had robust systems for monitoring patients on anticoagulation medicine, NOACs and disease-modifying anti-rheumatic drugs (DMARDs). DMARDs are used in the treatment of rheumatoid arthritis and require regular monitoring and review of the patients.

The practice has dedicated clinics for patients with long-term conditions lead by the nurse practitioner. There is an annual review system that ties in with the patient's medicines reviews.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice held clinical meetings attended by the practice leads and clinicians where they reviewed child safeguarding and discussed those children who did not attend pre-booked hospital appointments, GP or immunisation appointments.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 94%. This was above the local CCG average which was 83% and the England average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors and school nurses.
- One of the registered nurses was a trained paediatric nurse practitioner.
- Young people were able to access contraception and screening for sexually transmitted diseases (STD).

Good



Summary of findings

- The practice provided easy access for temporary residents, such as university students.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided Saturday morning appointments.
- There was a minor ailments clinic which was a daily clinic held until 6pm.

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 and provided a supportive and non-judgemental approach. Examples of these patient groups were drug and alcohol and learning disability were there were same day appointments available for those in crisis.
- The practice offered longer appointments for patients with a learning disability. Annual reviews for this group were monitored by the practice. Following low numbers previously the practice had now appointed two named GPs to lead in this area.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. 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.
- The practice kept a register of patients who had been coded as having suffered from or at risk of female genital mutilation (FGM). All GPs have completed training regarding females at risk of FGM and patient's records were reviewed each month.
- The practice also provided the practice address for patients who were homeless.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 90%. This was slightly below the local CCG average of 93% and slightly above the England average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- One mental health organisation visited the practice twice per week and was available to any patients who needed support or advice.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Patients on medicines requiring regular monitoring and who shared care with mental health services were monitored regularly in the practice. Those patients with complex problems were reviewed regularly at multi-disciplinary meetings held in the practice.
- Staff had a good understanding of how to support patients with mental health needs and dementia and the practice had 'Dementia Friendly' status.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 303 survey forms were distributed and 117 were returned. This represented 1.2% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received a total of 18 comment cards which were all

positive about the standard of care received. Patients told us they were greeted courteously, in a friendly manner and received good care. We did receive some comments about appointments not running on time and two comments about the previously abrupt manner of reception staff.

We received feedback questionnaires from 19 patients during the inspection. We also received a letter from a patient and four emails from patients. All patients said they were happy with the care they received and thought staff were approachable, committed, caring and they received quick referrals to other services when needed. We also received 12 non clinical staff questionnaires. All were extremely positive about working in the practice and about the teamwork and support.

The Friends and Family Test (FFT) results for June, July and August 2016 showed that of 154 patients who participated, 80 (53%) would be extremely likely to recommend the practice. 48 (31%) patients would be likely to recommend.

Outstanding practice

The practice had developed a range of in-house information and education leaflets, a number of which were easy read and pictorial. For example they had developed an A4 brochure giving patient information about the blood taking procedure. It was an easy read brochure which also contained photographs of the procedure and gave patient clear explanations of what to expect through each part of the procedure.

The practice provided a 'drop in' clinic for patients who needed blood tests. This allowed for flexibility and good access for patients.

Chadwick Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP specialist adviser and a practice nurse specialist adviser.

Background to Chadwick Practice

Chadwick Practice, One Life Hartlepool, Park Road, Hartlepool, TS24 7PW. The practice is based in The One Life Centre close to Hartlepool Town centre. It is based in a purpose built centre providing other general practices and health care services. The practice is based on the ground floor of the premise. There is parking available near the practice. Many of the patients live within walking distance of the practice and there is good access to public transport.

The practice hold a General Medical Service (GMS) contract providing services to the practice population of 11,435. The practice scored two on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The proportion of the practice population in the 65 years and over age group is above the England average. The practice population in the under 18 age group is comparable to the England average.

There are five GPs, four of whom are partners and one is a salaried GP, three male and two female. There is one nurse practitioner who is the nurse manager and three practice nurses, two of who are nurse prescribers. There is also one

health care assistant (HCA). There are two practice managers who are supported by a team of administration and reception staff. The practice also employs a pharmacist.

The practice is open from 7.30am to 6pm, Monday to Friday. The practice provides some extended hours on a Saturday morning between 8am and 10.30am. Appointments can be booked by walking into the practice, by the telephone and on line. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service provided by Northern Doctors via the NHS 111 service.

Why we carried out this inspection

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 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 29 September 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff including two GPs, one nurse practitioner and one practice nurse. We also spoke with the practice management and administration staff.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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 or assistant manager or the lead GP of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- 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 apology and were told about any actions to improve processes to prevent the same thing happening again. The practice carried out a thorough analysis of the significant events. Incidents that had occurred were discussed on the same day or at the next available meeting. Significant event analysis and trend analysis took place and was added to Gpteam Net.
- The results were shared with staff at meetings where the investigation and action plans were discussed.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been incidents of practice prescribing errors, where medication had not been removed from repeat prescriptions. As a result an investigation was completed and new processes put in place to address this. This included that all medications are double checked before being added to the patient records. The practice has also employed a pharmacist to assist in the processing of discharge medication to reduce the risk of these incidents happening again.

A further example included a delay in the diagnosis of a patient with HIV. Following investigation the practice now offer routine HIV screening.

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, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined what constituted abuse and who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and provided examples of when they had raised a safeguarding concern. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three. The practice gave examples of where they have directly made referrals to social services.
- Information telling patients that they could ask for a chaperone if required was visible within the practice. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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 observed the premises to be clean and tidy. The lead nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.
- 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). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

Are services safe?

there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We looked at the storage of vaccines and we saw these were stored safely.

- The practice employs a pharmacist who works four afternoons per week.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The premise was owned and managed by NHS property services. During the inspection we met with a member of their maintenance team. We found that all of the required maintenance and servicing checks had been carried out and were up to date. They also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and regular fire drills carried out during the past year. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- 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 enough staff were on duty. Staff told us that they supported each other during sickness and holidays and there was a policy in place to ensure this.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 the medicines we checked were in date and stored securely.
- There was a medical emergency during the inspection. This was dealt with in a professional manner. There was a member of staff nominated to meet and greet the ambulance and the patient was quickly on their way to hospital.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 were 99% of the total number of points available; with 8% exception reporting which was 3% below CCG average and 1.2% above the England 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). This practice was not an outlier for any areas of QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 100% which is 5% above the CCG average, and 8% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 88% which was above the national average of 80% and the local CCG average of 83%.
- Performance for mental health was 90% for all related indicators which was 4% below the CCG average and 2% above the national average.

There was evidence of quality improvement including clinical audit.

- There had been four audits undertaken in relation to clinical activity in the last 12 months, of which have had two cycles where the improvements made were implemented and monitored. Examples of audits included, patients of childbearing age who were taking sodium valproate (anti convulsive medication) were on contraception. This was a two cycle audit. A further completed two cycle audit was in respect of joint injections. The aim being to check for any complications post injection.
- There had also been 12 prescribing audits and a number of audits relating to administration processes and data.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. Examples included recent action taken in respect of patient taking warfarin (blood thinning medication). The audit was undertaken following one of the GPs attending a course. It was identified that if patients on this medication were out of range for more than 50% of the time they were more at risk of suffering a stroke. Following first audit, 13% of these patients were outside of the required range. These patients were reviewed and a number had their medication changed. At reaudit there had been 10% improvement in patients being in range. Additional action taken was that the anti-coagulation team routinely checks patient's levels and if there are concerns then alternative strategies or treatments are discussed with the patient.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All members of staff received a handbook which provided a wide range of information.
- The practice had started to provide placements for apprenticeships in reception and administrative areas. These staff told us they received effective mentorship and training.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes and had attended recent courses.
- The learning needs of staff were identified through a system of appraisals, supervision, 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 for GPs and registered nurses. All staff had received an appraisal within the last 12 months. Registered nurses attended clinical supervision every two months. Recent topics discussed included baby immunisations, chronic obstructive airways disease and revalidation.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules, local courses and in-house training. The practice had a strong focus on education and staff development with in-house training as well as training provided by the local CCG
- The practice had initiatives around skill and job enhancement, along with succession planning.

Coordinating patient care and information sharing

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

- This included care and 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 and with other health and social care professionals to understand and meet the range and

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Multi-disciplinary meetings took place with other health care professionals, such as McMillan nurses and district nurse on a three monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice has dedicated clinics for patients with long-term conditions lead by the nurse practitioner. There is an annual review system that ties in with the patient's medicines reviews.

The practice works with one of the pharmacist for the local CCG who undertakes review of medication and medication optimisation.

A representative from MIND (mental health charity), visited the practice twice per week and was available should any patients need some support or advice.

The practice also worked with a local carers support group to attend the practice on a fortnightly basis to provide additional support to patients who may be in need of other services.

The practice was aligned to 12 care homes. Two weekly visits were made to the homes and where there were high risk patients, care plans were in place.

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 process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and minor ailments. Where appropriate, patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 94%, which was above the CCG average of 83% and the national average of 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice also followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable with CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 97% and five year olds from 88% to 97%.

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 for healthy heart and lungs. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice had developed a range of their own information leaflets, which were clear and easy to read and understand. Examples included one in relation to palliative care and another in respect of asylum seekers and refugee information.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately and respectfully when they needed help and provided support when required.

The practice liaised with the practice and Hartlepool Carers. Hartlepool Carers group provided a drop-in session in the practice. GPs were able to refer patients to the drop in.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. Patients commented that they received timely access to other services, clear explanations and choice from the GP. Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 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.

Are services caring?

There were posters on display in the reception areas informing patients this service was available, the number of non-English speaking patients in the practice was

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 154 patients as carers (1.5% of practice list). All patients identified as carers were offered support and an annual flu vaccine. Written information was available to direct carers to the various avenues of support available to them. Examples included information about Hartlepool Carers a local support group.

Staff told us that were possible when families had suffered bereavement, their usual GP contacted them. We saw bereavement information available in the practice waiting area.

The practice had a palliative care lead. Patients on the palliative care register had been contacted to ask if they

would consent to a family member being involved in discussion about their care. The aim being to enable smooth communication between family members/carers. The practice also allowed all patients on the register to order their medication over the telephone. This was also being rolled out to patients or families of patients who lived with dementia.

During the inspection a patient suffered a medical emergency and required an urgent ambulance to transport them to hospital. The patient was distressed as they had parked their car in a public car park and was concerned about receiving a parking fee. A member of staff from the practice contacted the local authority parking department, gave details of the person's car and was able to reassure the patient that they would not incur a fine.

The practice had developed an A4 brochure giving patient information about the blood taking procedure. It was an easy read brochure which also contained photographs of the procedure and gave patient clear explanations of what to expect though each part of the procedure.

The practice also provided the practice address for patients who were homeless.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Examples included, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances. 2% of patients were contacted by the practice on discharge from hospital and care plan were updated. We saw examples of patients personalised care plans. These were well written with detailed information and there was evidence of regular updating. Looking at data provided by the practice there had been a clear reduction in admission since 2014. In 2014 there had been approximately 650 admissions; in 2016 this was down to 550 admissions.

- The practice offered an extended hours service on a Saturday Morning between 8am and 10.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those who were vulnerable.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Same day drop in phlebotomy service (blood taking) was available.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Practice nurses visited patients at home to do long term conditions reviews and administer flu vaccinations during the flu season and to take blood where necessary.
- There were disabled facilities and a hearing loop available.

- A number of the GPs were multilingual, the sign in screen showed the languages of the practice population and there was also a translation service available.
- The practice had implemented a frailty register, which was updated daily. The practice carried out 712 gait assessments on their over 75 population. They found that 124 patients had a level of risk. This was an ongoing exercise with patients flagged on their clinical system and was being added to when patient entered the target group.
- The practice had implemented the 'stop/start' programme. This was for patients aged 75 and above to ensure they had their anticholinergic score calculated and added to their records. This then ensured that patients were flagged for the GP to carry out a polypharmacy review. At the time of the inspection, 315 patients had been flagged with 247 patients having had their reviews.
- The practice also conducted a telephone review system for patients who were over 75 who had not seen their GP in the past 12 months. They were telephoned and there was discussion and review of their health status. Where they were not available by phone a letter was sent.
- There was a minor ailment service provided Monday to Friday.

The practice had been responsive as a result of the closure of a neighbouring practice closing. They had taken a large number of the patients who they had registered to their practice.

The practice had completed a wide range of surveys for different aspects of care delivered to their patients. In 2015/2016 10 different surveys had been completed. Examples included a survey about the minor ailment service, a post phlebotomy survey and a survey in respect of near patient testing.

The post phlebotomy survey was conducted between May 2016 and June 2016. 148 patients who attended the practice for blood tests completed a questionnaire. 144 (97%) were very satisfied with the service whilst 4 patients (3%) were somewhat satisfied.

Access to the service

The practice was open between 7.30am and 6pm Monday to Friday and on Saturdays 8am to 10.30am. Appointments

Are services responsive to people's needs?

(for example, to feedback?)

were in line with the opening times. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Information about the opening times was available on the website and in the patient information leaflet.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above to local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 86% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

In response to the results of the patient survey the practice had developed an action plan to address areas of concern identified in the patient survey. An example included concern being raised about the queuing system when patients arrived to had blood taken. The practice responded by installing a 'please wait' sign.

People told us on the day of the inspection that 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. Home visits visiting housebound patients to take blood for certain tests, such as blood thinning medication.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system for example the practice had a summary leaflet.

The practice had received eight complaints in the last 12 months. We looked at a sample of these complaints and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from the analysis of trends. Action was taken as a result to improve the quality of care. For example, a patient had difficulty with their online prescription and prescription not processed after speaking with a member of reception staff. An apology was given to the patient, staff spoken with to determine where the process had broken down. Matter was discussed at partners meeting and staff were given further instruction regarding the processing of online prescriptions. No trends were identified and matter was added to GP net for team learning. An easy read pictorial complaints leaflet had been developed by the lead nurse in the practice and was available to patients in the waiting area.

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.

- The practice had a stated ethos and staff knew and understood the values. They aimed to enhance the quality of life of individuals in the local community through the efficient use of all the health care resources available.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had developed a practice charter, which outlined what patients could expect from the practice. Examples included, that patients would be treated with courtesy and respect by all the practice staff. Also, the practice aimed to answer the telephone within six rings.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had in place processes for increasing the skill mix within the team and for succession planning.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GPs and management team 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. Staff told us the GPs and managers were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice encouraged a culture of openness and honesty and they had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and weekly clinical meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. They spoke positively about the overall support they received as well as support with continuing professional development.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice. An example of this included an increase to appointment times for cervical smears (increased to 20 minutes), asthma (15 minutes) and reviews (20 minutes). These were changed following feedback from a nurses meeting.

The welfare and wellbeing of staff was important to the management team. There were team building and staff events; an annual meal was paid for by the practice for all staff and one of the GPs invited staff to their home for meals.

Are services well-led?

Good 

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

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 PPG operated as a virtual group. There were plans in place to arrange for the PPG to also meet up on a regular basis. They used this forum to feedback patients concerns, ideas for improvement and to also inform patients about health issues and future developments using a newsletter. As a result of feedback from patients a system for giving patient prescriptions on a Saturday morning had been introduced.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. As a result of feedback from staff the practice developed a regular staff newsletter.
- A regular newsletter was produced which gave patients information, for example, on any staff changes, whooping cough vaccination and information about interpreting services. Copies of the newsletters were available in the waiting areas and on the practice website.

- The practice also produced a staff newsletter called 'Staff Roundup'. This contained information about new initiatives such as medicines management training for reception staff, achievements by staff and information about the new apprenticeship scheme.
- The practice had also gathered feedback from staff through staff surveys and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had identified their future initiatives and challenges. Examples of these were developing the PPG, federation working, maintaining and developing the clinical workforce. The practice was part of the Reduction in Variation and Improved Efficiency (RIVIE) scheme. This was a scheme working alongside two other GP practices in Hartlepool. It aimed to share best practice, to reduce variation and to improve the value of care offered to patients.

One of the GP's was voted GP of the year 2015 by the Hartlepool Health Awards.

The practice managers were in the process of completing a practice management course.