Dr D S Rangar and Partners

Quality Report

Murton Medical Centre
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County Durham
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr D S Rangar and Partners, Murton Medical Group on 17 November 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 to report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- The practice carried out clinical audit activity and were able to demonstrate improvements to patient care as a result of this.
- Feedback from patients about their care was better than local and national averages. Patients reported that they were treated with compassion, dignity and respect.
- Patient feedback in relation to access was lower than local clinical commissioning group and national averages.
- Patients were able to access same day appointments. Pre-bookable appointments were available within acceptable timescales.
- The practice had a number of policies and procedures to govern activity, which were reviewed and updated regularly.
- The practice was proactive in their approach to encouraging patients to use online services. Over 20% of the patient population had registered for online services.
- The practice had proactively sought feedback from patients and implemented suggestions for improvement and made changes to the way they delivered services in response to feedback.
- The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved an overall result which was lower than local and national averages. However, their clinical exception rate was also lower than local and national averages.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- The practice had a clear vision in which quality and safety was prioritised. The strategy to deliver this vision was regularly discussed and reviewed.

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?

Good

The practice is rated as good for providing safe services.

Nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.

Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies.

The practice was clean and hygienic and good infection control arrangements were in place.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. The practice had a business continuity plan.

Comprehensive staff recruitment and induction policies were in operation. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training and a DBS check.

Are services effective?

Good

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment and had received training appropriate to their roles.

Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were lower with the local clinical commissioning group (CCG) average and higher than the national average. The practice used the QOF as one method of monitoring effectiveness and had attained 89.9% of the points available to them for 2015/16 compared to the local clinical commissioning group (CCG) average of 97.6% and national average of 95.4%.

Summary of findings

Achievement rates for cervical screening, influenza vaccination and the majority of childhood vaccinations were comparable with local and national averages. For example, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 76.2% compared to the CCG average of 82.5% and national average of 81.8%. Childhood immunisation rates for the vaccinations given to two year olds ranged from 95.7% to 100% (compared with the CCG range of 95.5% to 99% and national range of 73.3% to 95.1%). For five year olds this ranged from 97.9% to 98.9% (compared to CCG range of 96.6% to 99.3% and national range of 81.4% to 95.1%).

There was evidence of clinical audit activity and improvements made to patient care and patient outcomes as a result of this.

Staff received formal quarterly supervision sessions and annual appraisals and were given the opportunity to undertake both mandatory and non-mandatory training.

Are services caring?

Good

The practice is rated as good for providing caring services.

Patients we spoke with during the inspection and those that completed Care Quality Commission comments cards said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the National GP Patient Survey published in July 2016 were comparable with local and national averages in respect of providing caring services. For example, 86% of patients who responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG average 90% and national average 89%) and 91% said the last nurse they saw or spoke to was good at listening to them (CCG average 94% and national average was 91%).

Results also indicated that 87% of respondents felt the last GP they saw or spoke with treated them with care and concern (CCG average 88% and national average of 85%). 90% of patients felt the nurses treat them with care and concern (CCG average 94% and national average 91%).

The practice identified carers and ensured they were offered an annual health check and influenza vaccination and signposted to appropriate advice and support services. A member of staff had

Summary of findings

been identified as a carers champion and a carer's pack was available. At the time of our inspection they had identified 154 of their patients as being a carer (approximately 2% of the practice patient population).

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised and identified themes arising from them.

The practice's performance in relation to access in the National GP Patient Survey were lower than local and national averages. For example, the most recent results (July 2016) showed that 56% of patients found it easy to get through to the surgery by phone (CCG average 79%, national average 73%) and 77% were able to get an appointment (CCG average 84% and national average 85%).

The practice was able to demonstrate that they continually monitored the needs of their patients and responded appropriately.

The practice implemented suggestions for improvements and made changes to the way they delivered services as a consequence of feedback from patients. For example, they had changed the appointment system for their nurse practitioner to same day and purchased telephony headsets for their receptionists to enable them to answer phone quicker as a result of a patient survey they had carried out in January 2016.

Are services well-led?

Good

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

The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice had a business development plan which documented priorities and objectives such as succession planning, financial pressures and development of their workforce.

Summary of findings

The provider was aware of and complied with the requirements of the Duty of Candour regulation. The GPs and practice manager encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

The practice sought feedback from staff and patients, which it acted on. They had an active patient participation group who reported that they felt involved and listened to.

There was a strong focus on continuous learning and improvement at all levels.

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

Good

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

Nationally reported Quality and Outcomes Framework (QOF) data for 2015/16 showed the practice had achieved good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients experiencing heart failure and osteoporosis and for those requiring palliative care.

Together with other GP practices in the area the practice had developed the Vulnerable Adults Wrap Around Service (VAWAS) team. This was a team of advanced nurse practitioners who visited frail elderly patients in their own home or care home to ensure they were receiving appropriate health and support services to enable them to avoid unplanned admission to hospital or A&E attendances.

Two of the GPs had undertaken additional training in palliative care and developed effective working relationships with local consultants.

People with long term conditions

Good

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

Longer appointments and home visits were available when needed. The practice's computer system was used to flag when patients were due for review. Patients with multiple long term conditions were offered one fully comprehensive review in their birthday month whenever possible.

The QOF data for 2015/16 provided by the practice showed that they had achieved mixed outcomes in relation to the conditions commonly associated with this population group. For example the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with chronic kidney disease, depression and hypertension but had scored below local and national averages for asthma, chronic obstructive pulmonary disease and rheumatoid arthritis.

The practice offered an insulin initiation service for diabetic patients as well as in house anticoagulation monitoring and spirometry.

Families, children and young people

Good

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

Summary of findings

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect, such as those who did not attend for childhood vaccinations or had visited A&E. The needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as the community midwife.

Appointments were available outside of school hours and the premises were suitable for children and babies. The practice was participating in a breast feeding friendly scheme and had pledged to ensure that mothers wishing to breastfed were provided with a clean, comfortable environment in which to do so.

Data available for 2015/16 showed that the practice childhood immunisation rates for the vaccinations given to two year olds ranged from 95.7% to 100% (compared with the CCG range of 95.5% to 99% and national range of 73.3% to 95.1%). For five year olds this ranged from 97.9% to 98.9% (compared to CCG range of 96.6% to 99.3% and national range of 81.4% to 95.1%).

At 76.2%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable with the CCG average of 82.5% and national average of 81.8%.

Pregnant women were able to access a full range of antenatal and post-natal services at the practice.

Working age people (including those recently retired and students)

Good

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 met. The surgery was open from 8am to 6pm on a Monday, Wednesday, Thursday and Friday (appointments from 8am to midday then 1pm to 6pm) and from 8am to 8.30pm on a Tuesday (appointments from 8am to midday then 1pm to 8.30pm). Patients registered with the practice were also able to access an emergency clinic at a local primary care centre on a Saturday morning.

The practice offered sexual health and contraception services, travel advice, childhood immunisation service, antenatal services and long term condition reviews. They also offered new patient, NHS health checks (for patients aged 40-74) and over 75 health checks.

Summary of findings

The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. A computerised 'health pod' was available in reception which enabled patients to record their own patient data, such as carer responsibilities and take readings such as blood pressure, height and weight. The results were then automatically saved to a patient's medical record and a system was in place to ensure any out of range results were reviewed by a practice clinician.

People whose circumstances may make them vulnerable

Good

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

The practice held a register of patients living in vulnerable circumstances, including 97 patients who had a learning disability. Patients with a learning disability were offered an annual health check and flu immunisation.

The practice had established effective working relationships with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staffs were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

The practice identified carers and ensured they were offered appropriate advice and support and an annual health check and flu vaccination.

The practice was part of a local safe places scheme. This meant that they had been identified as a pace for vulnerable people to go for help and support if they were feeling unsafe whilst out and about in the local community.

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).

QOF data for 2015/16 provided by the practice showed that they had achieved the maximum score available for caring for patients with depression but below local and national averages for caring for patients with dementia and mental health conditions.

The practice had developed a dementia pack for patients with dementia and their carers which they were given at their annual dementia review. This gave useful information on support services, lasting power of attorney and the Mental Capacity Act 2005.

Summary of findings

What people who use the service say

The results of the National GP Patient Survey published in July 2016 showed patient satisfaction was lower than the local clinical commissioning group and national averages. Of the 287 survey forms distributed, 113 were returned (a response rate of 39%). This represented approximately 1.5% of the practice's patient list. For example, of the patients who responded to their survey:

- 56% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 77% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 78% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 68% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 78%).
- 85% said their GP was good at explaining tests and treatment (CCG average 89%, national average 86%)
- 90% said the nurse was good at treating them with care and concern (CCG average 94%, national average 91%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. The respondents stated that they found the surgery clean and hygienic and that they were confident they would receive good treatment. Words used to describe the practice and its staff included caring, professional, excellent, brilliant and courteous.

We spoke with five patients during the inspection, two of whom were members of the practice patient participation group. All five said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Dr D S Rangar and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. Also in attendance was a GP specialist advisor.

Background to Dr D S Rangar and Partners

Dr DS Rangar and partners provides care and treatment to approximately 7,658 patients from the Murton area of County Durham. The practice is part of the NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group (CCG) and operates on a Personal Medical Services (PMS) contract.

The practice provides services from the following address, which we visited during this inspection:

Murton Medical Centre

20 Woods Terrace East

Seaham

County Durham

SR7 9AB

The surgery is located in an ex residential property which underwent a major extension and refit in 2011. All reception and consultation rooms are fully accessible for patients with mobility issues and there is an elevator for patients needing to access the lower or upper floors of the building. An on-site car park is available to the rear of the building.

The surgery is open from 8am to 6pm on a Monday, Wednesday, Thursday and Friday (appointments from 8am to midday than 1pm to 6pm) and from 8am to 8.30pm on a Tuesday (appointments from 8am to midday then 1pm to 8.30pm). Patients registered with the practice are also able to access an emergency clinic at a local primary care centre on a Saturday morning.

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service.

Dr D S Rangar and partners offer a range of services and clinic appointments including long term condition, smoking cessation, family planning, childhood health and cervical cytology clinics. The practice also offers minor surgery, joint injections and anticoagulation management.

The practice consists of:

- Three GP partners (two male and one female)
- Three salaried GPs (all female)
- One nurse practitioners (female)
- Three practice nurses (female)
- One pharmacist (female)
- Two health care assistants (female)
- 12 non-clinical members of staff including a practice manager, assistant practice manager, practice secretaries, practice administrators, a summariser and receptionists.

The practice is a teaching practice and involved in the teaching of undergraduate medical students learning about GP practice. It also hosts student nurses to help them gain a basic understanding of general practice whilst studying for their nursing degree.

The practice is a member of the South Durham Health Community Interest GP Federation which is a group of 13 practices working collaboratively to co-commission services and to share responsibility for developing and delivering high quality, patient focused services for the local community.

Detailed findings

The average life expectancy for the male practice population is 77 (CCG average 77 and national average 79) and for the female population 81 (CCG average 81 and national average 83).At 51% the practice had slightly more female patients than male patients.

At 61%, the percentage of the practice population reported as having a long standing health condition was higher than the CCG average of 59.4% and national average of 54%. Generally a higher percentage of patients with a long standing health condition can lead to an increased demand for GP services. At 50.7% the percentage of the practice population recorded as being in paid work or full time education was lower than the CCG average of 54.4% and national average of 61.5%). The practice area is in the fourth most deprived decile. Deprivation levels affecting children were comparable to the local CCG average but higher than the national average. Deprivation levels affecting adults were lower than the local CCG average but higher than the national average.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 November 2016. During our visit we spoke with a mix of clinical and non-clinical staff including a GP partner, salaried GP, a practice nurse, nurse practitioner, pharmacist, the practice manager, assistant practice manager, section manager and a secretary. We spoke with five patients, two of whom were members of the practice patient participation group and observed how staff communicated with patients who visited or telephoned the practice on the day of our inspection. We reviewed 12 Care Quality Commission (CQC) comment cards that had been completed by patients and looked at the records the practice maintained in relation to the provision of services. We also obtained the views of attached staff who worked closely with, but were not employed directly by the practice. This included a community nurse practitioner, community respiratory nurse and a health visitor.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events and staff were well aware of their roles and responsibilities in relation to this.

The practice had systems in place for knowing about notifiable safety incidents and actively identified trends, themes and recurrent problems. They had recorded 20 internal significant events during the period 1 November 2015 to 31 October 2016. Significant events were regularly discussed and analysed at practice meetings and appropriate action taken. For example, the practice had recorded a significant event where a batch of vaccines had accidentally been left out of the refrigerator following a stock check and had subsequently had to be destroyed. As a result the practice had reviewed and changed their procedure for checking the stock and expiry dates of emergency medicines and vaccinations to ensure two members of staff were present as a double check mechanism.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Trends and themes were identified and the practice regularly recorded relevant significant events and safeguarding incidents on the local clinical commissioning group's (CCG) Safeguard Incident and Risk Management System (SIRMS). The SIRMS system enables GPs to flag up any issues via their surgery computer to a central monitoring system, so that the local CCG can identify any trends and areas for improvement. A system was in place to ensure patient safety alerts were cascaded to relevant staff and appropriate action taken.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology if appropriate and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems, processes and practices in place which kept patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice held regular multi-disciplinary meetings to discuss vulnerable patients. Staff demonstrated they understood their responsibilities and all had received training at a level relevant to their role.
- Chaperones were available if required. Staff who acted as a chaperone had all received appropriate training and all practice staff had undertaken a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. A cleaning schedule was in place and regular infection control audits were carried out where action plans were identified and monitored. A comprehensive infection prevention and control policy was in place.
- An effective system was in place for the collection and disposal of clinical and other waste.
- We reviewed the personnel files of staff members and found that appropriate recruitment checks had been undertaken for all staff prior to employment. Good induction processes were in place for all staff, including students and locums.
- The provider was aware of and complied with the requirements of the Duty of Candour regulation. The GP partners and practice manager encouraged a culture of openness and honesty.
- Patient safety alerts were recorded, monitored and dealt with appropriately.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- Patient group directions (PGDs) and patient specific directions (PSDs) had been adopted by the practice to allow nurses and health care assistants to administer medicines in line with legislation. PGDs and PSDs allow

registered health care professionals and non-prescribers, such as nurses and health care assistants, to supply and administer specified medicines, such as vaccines.

Monitoring risks to patients

Risks to patients were assessed and well managed:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff were aware of their roles and responsibilities in relation to this. Staff had received fire safety training; fire alarms were tested on a weekly basis and fire evacuation drills carried out twice yearly. The practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Annual leave was planned well in advance and staff had been trained to enable them to cover each other's roles when necessary. The GPs operated a buddy system to ensure discharge information and test results were reviewed when they were not at work.
- The practice manager reported that they rarely used locum GPs. However, when this was necessary a locum induction pack was available.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.
- Emergency medicines were easily accessible and all staff knew of their location. A defibrillator and oxygen were available on the premises. All the medicines we checked were in date and fit for use.

Good

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 held regular GP and nurse meetings which were an opportunity for clinical staff to discuss clinical issues and patients whose needs were causing concern.

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 results for 2015/16 showed the practice had achieved 89.9% of the total number of points available to them compared with the clinical commissioning group (CCG) of 97.6% and the national average of 95.4%.

The 2015/16 data showed that at 5% their overall clinical exception rate was lower than the local CCG average of 9.5% and national averages of 9.8%. 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.

- The 2015/16 QOF data showed that they had obtained the maximum points available to them for 10 of the 19 QOF indicators, including atrial fibrillation, cancer, chronic kidney disease and heart failure. They had also scored above local and national averages in relation to the care and treatment of patients with osteoporosis. For the other seven indicators the practice had scored below local and national averages. This included the indicators for asthma, chronic obstructive pulmonary disease, dementia, diabetes, mental health conditions, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack. We discussed how some of the low attainment rates could be attributed to the fact that the practice were reluctant to 'exception report' patients who failed to attend review appointments. The practice were in the process of implementing a system which would help them to improve QOF attainment using their automated arrivals kiosk. This system, which would enable patients to record details such as carer responsibilities and smoking status as they booked in for their appointments, was due to go live in January 2017.

The practice carried out clinical audit activity to help improve patient outcomes. We saw evidence of a two cycle audit looking at the use of the combined oral contraceptive pill in patients with raised blood pressure. This audit had led to an initial review of 297 patients to ensure their blood pressure had been recorded and was within an acceptable range.

The practice had employed a pharmacist in April 2016 to monitor medicines management and update hospital discharge information on a patient's medical records.

The practice had a palliative care register and discussed the needs of palliative care patients at regular multi-disciplinary team meetings. Recently deceased patients registered with the practice were also discussed at these meetings to identify whether they should have been on the palliative care register and whether there were any lessons to be learned in respect of palliative care. Of the 22 patients who had died during the period July to September 2016, 11 (50%) had been on the palliative care register. The practice had identified that none of the other 11 patients should have been on the register. Of the 11 patients on the register, 7 (64%) had been supported to die in their preferred place of death. Practice staff told us that they were proud of the care and support they offered to palliative care patients which they had reviewed and improved after witnessing the experience of a colleague who died from cancer. The practice regularly held regular Macmillan drop in sessions as part of their palliative care programme and practice staff held and participated in fundraising events regularly for the local hospice.

Effective staffing

The staff team included GPs, a nurse practitioner, practice nurses, health care assistants and a number of non-clinical staff members including a practice manager, assistant practice manager, personal assistant, secretarial, administrative and reception staff. We reviewed staff training records and found that staff had received a range

Good

Are services effective?

(for example, treatment is effective)

of mandatory and additional training. This included basic life support, health and safety, infection control, information governance, safeguarding and appropriate clinical based training for clinical staff.

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list). The practice nurses were supported in seeking and attending continual professional development and training courses and revalidation.

The practice had a staff appraisal system in operation which included the identification of training needs and development of personal development plans.

We looked at staff cover arrangements and identified that there were sufficient staff on duty when the practice was open. Holiday, study leave and sickness were covered in-house whenever possible. The practice rarely used locum GPs but when they did an effective locum induction pack was available.

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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary meetings took place on a regular basis and that care plans were reviewed and updated.

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 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.
- Practice staff told us that where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurses assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients requiring palliative care, carers and those with a long-term and mental health condition or learning disability.

Vaccination rates for 12-month and 24-month old babies and five-year-old children were comparable with local and national averages. For example, data available for the 2015/16 period showed that childhood immunisation rates for the vaccinations given to two year olds ranged from 95.7% to 100% (compared with the CCG range of 95.5% to 99% and national range of 73.3% to 95.1%). For five year olds this ranged from 97.9% to 98.9% (compared to CCG range of 96.6% to 99.3% and national range of 81.4% to 95.1%).

At 76.2%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable with the CCG average of 82.5% and national average of 81.8%.

At 59.8% the percentage of patients aged between 60 and 69 who had been screened for bowel cancer within six months of invitation was comparable with the CCG average of 61.1% and national average of 58.7%.

Patients had access to appropriate health assessments and checks. This included new patient, NHS health checks for patients aged between 40 and 74 and health checks for patients over 75 years of age. The practice had carried out 107 new patient, 43 NHS and 57 over 75 health checks during the period 1 April 2016 to 30 June 2016. A computerised 'health pod' was available in reception which enabled patients to record their own patient data, such as carer responsibilities and take reading such as blood pressure, height and weight. The results were then automatically saved to a patient's medical record and a system was in place to ensure any out of range results were

Good

Are services effective?

(for example, treatment is effective)

reviewed by a practice clinician. The practice carried out appropriate follow-ups where abnormalities or risk factors were identified. Information such as NHS patient information leaflets was also available.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that they were treated with dignity and respect.

- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.
- The practice was participating in a breast feeding friendly scheme and had pledged to ensure that mothers wishing to breastfed were provided with a clean, comfortable environment in which to do so.

We received 12 completed CQC comment card which were very complimentary about the caring nature of the practice. We also spoke with five patients during our inspection, two of whom were members of the practice patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey (published in July 2016) showed patient satisfaction was generally comparable with local and national averages in respect of being treated with compassion, dignity and respect. For example:

- 96% said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 97% and the national average of 95%.
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey showed patient satisfaction was mixed but generally comparable with local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national averages of 82%.
- 91% said the last nurse they spoke to was good listening to them compared to the CCG average of 94% and the national average of 91%.
- 90% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

The practice had access to a translation service for patients who did not have English as a first language. The practice had a hearing loop and a member of staff was able to communicate in sign language.

Patients with a learning disability were offered an annual influenza immunisation and health check. The practice held a register of 97 patients recorded as living with a learning disability.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting told patients how to access a number of support groups and organisations.

The practice identified carers and ensured they were offered an annual health check and influenza vaccination and signposted to appropriate advice and support services. A member of staff had been identified as a carer's champion and a carer's information pack was available.

The practice computer system alerted clinicians if a patient was a carer. At the time of our inspection they had identified 154 of their patients as being a carer (approximately 2% of the practice patient population).

Patients known to have experienced bereavement were sent a condolence card and contacted by telephone if the deceased had been on the palliative care register. Patients discharged from hospital were contacted by a member of the local vulnerable adults wrap around service (VAWAS) team to ensure they were receiving appropriate support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of their local population and planned services accordingly. Services took account of the needs of different patient groups and helped to provide flexibility, choice and continuity of care.

- There were longer appointments available for anyone who needed them.
- Home visits were available for older patients, housebound patients and patients who would benefit from these.
- People could access appointments and services in a way and time that suited them.
- There were disabled facilities and translation services available. The practice had a hearing loop and a member of staff was able to communicate in sign language.
- All patient facilities were easily accessible to patients with a mobility issue.
- The practice offered online services to book appointments and request repeat prescriptions. Over 20% of the patient population had registered for online services. An appointment text message reminder services was in operation.
- The practice were part of a local GP federation which was a group of 13 local GP practices working together to co-commission services and provide an enhanced standard of care to their patients. This had included the development of the Vulnerable Adults Wrap around Service (VAWAS) team. This consisted of a team of advanced nurse practitioners who visited frail elderly patients in their own home or care home to ensure they were receiving appropriate health and support services to enable them to avoid unplanned admission to hospital or A&E attendances.
- The practice offered an insulin initiation service for diabetic patients as well as in house anticoagulation and spirometry services which were available as home visits for housebound patients.

Access to the service

The surgery was open from 8am to 6pm on a Monday, Wednesday, Thursday and Friday (appointments from 8am to midday then 1pm to 6pm) and from 8am to 8.30pm on a Tuesday (appointments from 8am to midday then 1pm to 8.30pm). Patients registered with the practice were also able to access an emergency clinic at a local primary care centre on a Saturday morning.

Results from the National GP Patient Survey (July 2016) showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. For example:

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 56% of patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and the national average of 73%.
- 54% of patients described their experience of making an appointment as good compared to the CCG average of 78% and the national average of 73%.
- 62% of patients said they usually waited less than 15 minutes after their appointment time compared to the CCG average of 69% and the national average of 65%.
- 77% were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 84% and national average of 85%.
- 42% felt they didn't normally have to wait too long to be seen compared with the CCG average of 64% and national average of 58%.

The practice was aware of low satisfaction in this area and had taken steps to try and improve access since the results of the survey had been published. This had included raising awareness of the role of the nurse practitioner with patients and decreasing advance booking to two weeks. This was because they had found that the number of patients failing to attend appointments had increased when they had changed their appointment system previously to allow patients to book appointments up to four weeks in advance.

Patients we spoke to on the day of the inspection and those who completed CQC comment cards reported that they were able to get an appointment within an acceptable timescale. The appointment system operated by the practice enabled patients to pre book appointments, including telephone consultations, up to two weeks in advance. Same day appointments were made available at 8am every weekday and emergency appointments were also available following triage by one of the practice GP's.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at appointment availability during our inspection and found that routine pre bookable consultation with a GP or a nurse was available two working days later.

Listening and learning from concerns and complaints

The practice had an effective system in place for monitoring, dealing with and responding to complaints.

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We saw that information was available in the reception area and in the practice information leaflet to help patients understand the complaints system.

The practice had recorded nine complaints from 1 November 2015 to the date of our inspection. We found that these complaints had been satisfactorily handled, dealt with in a timely way and lessons learned identified.

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 vision was to provide patient centred primary care of high quality and safety responsive to their patient's needs.

The practice mission statement was 'Our aim is to provide the local population with the highest quality health care available under the NHS. We endeavour to serve our patients with a well-trained, motivated and evolving Primary Health Care Team. We are committed to delivering the best possible outcome for every patient, every time'. Staff had been involved in the development of a practice logo and a list of values which were a mnemonic of the word Murton to help staff remember what they were.

The practice had a business plan which was regularly reviewed. This included issues such as succession planning, estates, patient health, human resources, health and safety and recruitment.

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. Staff were aware of their own roles and responsibilities as well as the roles and responsibilities of others.
- Up to date practice specific policies were available for staff and were easily accessible
- Arrangements were in place to identify and manage risks and implement mitigating actions.
- There was evidence of clinical audit activity which improved outcomes for patients
- The practice continually reviewed their performance in relation to, for example the Quality and Outcomes Framework, referral rates and prescribing.

Leadership and culture

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

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

- There was a schedule of regular meetings including clinical, GP, nurse, whole practice and multi-disciplinary team 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 in doing so and felt supported if they did. They also said they felt respected and valued.

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

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

- The practice had gathered feedback from patients through patient surveys, feedback and complaints received.
- The practice had enlisted six members of their patient participation group to carry out a 'mystery shopper' survey during May to July 2016. The survey had revealed that generally patients were very happy with the service delivered and felt the reception staff were friendly and helpful. However, some patients reported that disabled access could be hindered by a lack of a handrail near the incline leading to the entrance door. As a result the practice was in the process of discussing the possibility of installing a handrail with the building landlords.
- The practice carried out a patient survey in January 2016. Of the 77 patients who responded to the survey 30% stated they had difficulty in seeing a GP within 48 hours and experienced difficulty in pre booking appointments. 58% said they had to wait five days or more to see their preferred GP and 44% felt their conversations with reception staff could be overheard but also stated that they did not mind. As a result of the survey, and following discussion with their patient participation group, the practice had reviewed appointment availability including the proportion of same day versus pre bookable appointments. They had

Are services well-led?

Good

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

also changed nurse practitioner appointments to same day, enabled appointments to be booked up to four week ahead instead of only one week and advertised and educated patients on the appropriate use of appointments need to cancel unwanted appointments, availability of a private room to discuss issues with reception staff and advertised extended appointments.

- We saw evidence of the practice analysing the results of the National GP Patient Survey and taking appropriate action. For example, they had increased awareness of the role of the nurse practitioner. They had also decreased advance booking to two weeks as the number of patients failing to attend appointments had increased as result of increasing appointment booking to four weeks in advance.
- The practice had an 'actual' patient participation group (PPG) which consisted of eight to nine core members who met on a minimum of a quarterly basis. They also had a 'virtual' group whose views were sought by email. The PPG had been involved in reviewing and analysing results of patient surveys and looking at ways to reduce the number of patients who failed to attend their appointments. PPG members who we spoke with during the inspection stated that they felt involved in the running of the practice and listened to by practice management.

Continuous improvement

The practice was committed to continuous learning and improvement at all levels.

The practice team was forward thinking and took part in local pilot schemes and initiatives to improve outcomes for patients in the area. For example, they were working with other practices in the area as part of a federation to identify and implement new ways of working and co-commissioning services, which had included the development of a wraparound service for vulnerable adults.