

# 49 Marine Avenue Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at 49 Marine Avenue Surgery on 19 April 2016. Overall the practice is rated as good.

Our key findings were as follows:

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Feedback from patients was overwhelmingly positive and the practice achieved very high scores in the National GP Patient Survey.
- 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.

- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team. Several staff commented that the practice was 'like a family' and they all looked after each other.
- The practice had achieved the Royal College of General Practitioners' (RCGP) Practice Accreditation Award. This measured the quality of care provided to patients across 72 quality standards.

We saw an area of outstanding practice:

The National GP Patient Survey published in January 2016 showed the satisfaction scores on consultations with doctors and nurses were all above local and national averages. Results showed that 98% of respondents had

# Summary of findings

confidence and trust in their GP, compared to 95% nationally. 95% of respondents said the last GP they saw was good at treating them with care and concern, compared to the national average of 89%. 100% of respondents said they had confidence and trust in the last nurse they saw, which was above the national average of 97%. The practice also scored well in relation to access; 99% (compared to 85% nationally and 86% locally) of respondents were able to get an appointment or speak to someone when necessary; and scored highly on the ease of getting through on the telephone to make an appointment (99% of patients said this was easy or very easy, compared to the national average of 83% and a CCG average of 81%).

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Carry out a risk assessment to determine which medicines are necessary to hold, to ensure staff can manage medical emergencies.
- Take action to ensure actual temperatures on refrigerators used to store vaccines are recorded every working day.

**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.

The 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.

Most of the arrangements for managing medicines kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Some medicines (vaccines) needed to be stored in a refrigerator. We saw records of the temperature recordings, showing the minimum and maximum temperatures but not the actual temperature at the time of the check. There were a small number of days where the temperatures had not been recorded. The practice carried most but did not hold all of the emergency medicines suggested in national guidance; no risk assessment had been carried out to determine which medicines should be stocked.

Good infection control arrangements were in place and the practice was clean and hygienic. Effective staff recruitment practices were followed and there were enough staff to keep patients safe. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.

Good



### Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were comparable to national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 93.3% of the points available. This was slightly below the local and national averages of 96.7% and 94.7% respectively. However, this related to 2014/2015; we saw the QOF figures for 2015/2016; these showed an improved performance.

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. Staff had received training appropriate to their roles. There were

Good



# Summary of findings

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.

The practice had achieved the Royal College of General Practitioners' (RCGP) Practice Accreditation Award. This measured the quality of care provided to patients across 72 quality standards.

## Are services caring?

The practice is rated as good for providing caring services.

Patients 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 services available was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

The National GP Patient Survey published in January 2016 showed the satisfaction scores on consultations with doctors and nurses were all above local and national averages. Results showed that 98% of respondents had confidence and trust in their GP, compared to 95% nationally. 95% of respondents said the last GP they saw was good treating them with care and concern, compared to the national average of 89%. 100% of respondents said they had confidence and trust in the last nurse they saw, which was above the national average of 97%.

Good



## Are services responsive to people's needs?

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. Learning from complaints was shared with staff.

The site had level access; however, there was no lift to the first floor. Arrangements had been made to provide consultation rooms on the ground floor which were suitable for patients with mobility problems.

The practice scored well in relation to access in the National GP Patient Survey. The most recent results (January 2016) showed 99% (compared to 85% nationally and 86% locally) of respondents were able to get an appointment or speak to someone when necessary. 95% of respondents said their appointment was at a convenient time (compared to the national and local averages of 92% and 93%

Good



# Summary of findings

respectively). The practice also scored highly on the ease of getting through on the telephone to make an appointment (99% of patients said this was easy or very easy, compared to the national average of 83% and a CCG average of 81%).

## Are services well-led?

The practice is rated as good for providing well-led services.

The leadership, management and governance of the practice assured the delivery of person-centred care which met patients' needs. There was a clear and documented vision for the practice. Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Staff said they felt supported by management. Team working within the practice between clinical and non-clinical staff was very good.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which they acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP and patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- Doctors carried out a weekly ward round and had regular phone contact with staff at a local nursing home.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.
- Patients had regular reviews to check with health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- The practice had identified the needs of families, children and young people, and put plans in place to meet them.

Good



# Summary of findings

- 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice's uptake for the cervical screening programme was 87%, which was above the clinical commissioning group (CCG) average of 83.1% and the national average of 81.8%.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

## **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 and flexible. The practice was trialling earlier opening hours and on some days opened at 7.30am.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.

**Good**



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

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

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- Patients with learning disabilities were invited to attend the practice for annual health checks. The practice offered longer

**Good**





# Summary of findings

appointments for people with a learning disability, if required. One of the nurses was the designated lead for patients with learning disabilities; they had developed a health assessment tool to help ensure patients' needs were understood and met.

- The practice had 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. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.
- Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.

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

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

- The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.
- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.
- The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

Good



# Summary of findings

## What people who use the service say

We spoke with six patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

We reviewed 44 CQC comment cards which had been completed by patients prior to our inspection.

Patients were very complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were happy with the appointments system.

The National GP Patient Survey results published in January 2016 showed the practice was performing well above local and national averages. There were 113 responses (from 234 sent out); a response rate of 48%. This represented 1.8% of the practice's patient list. Of the patients who responded to the survey:

- 96% said their overall experience was good or very good, compared with a clinical commissioning group (CCG) average of 89% and a national average of 85%.

- 99% found it easy to get through to this surgery by phone, compared with a CCG average of 81% and a national average of 73%.
- 98% found the receptionists at this surgery helpful, compared with a CCG average of 89% and a national average of 87%.
- 99% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG average of 86% and a national average of 85%.
- 95% said the last appointment they got was convenient, compared with a CCG average of 93% and a national average of 92%.
- 95% described their experience of making an appointment as good, compared with a CCG average of 78% and a national average of 73%.
- 84% usually waited 15 minutes or less after their appointment time to be seen, compared with a CCG average of 73% and a national average of 65%.
- 78% felt they don't normally have to wait too long to be seen, compared with a CCG average of 66% and a national average of 58%.

## Areas for improvement

### Action the service **SHOULD** take to improve

Carry out a risk assessment to determine which medicines are necessary to hold, to ensure staff can manage medical emergencies.

Take action to ensure actual temperatures on refrigerators used to store vaccines are recorded every working day.

## Outstanding practice

The National GP Patient Survey published in January 2016 showed the satisfaction scores on consultations with doctors and nurses were all above local and national averages. Results showed that 98% of respondents had confidence and trust in their GP, compared to 95% nationally. 95% of respondents said the last GP they saw was good at treating them with care and concern, compared to the national average of 89%. 100% of respondents said they had confidence and trust in the

last nurse they saw, which was above the national average of 97%. The practice also scored well in relation to access; 99% (compared to 85% nationally and 86% locally) of respondents were able to get an appointment or speak to someone when necessary; and scored highly on the ease of getting through on the telephone to make an appointment (99% of patients said this was easy or very easy, compared to the national average of 83% and a CCG average of 81%).

# 49 Marine Avenue Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

## Background to 49 Marine Avenue Surgery

49 Marine Avenue Surgery is registered with the Care Quality Commission to provide primary care services. The practice is located in the town of Whitley Bay in North Tyneside.

The practice provides services to around 6,100 patients from one location: 49 Marine Avenue, Whitley Bay, Tyne and Wear, NE26 1NA. We visited this address as part of the inspection. The practice has four GP partners (three female and one male), a nurse practitioner and two practice nurses (all female), a practice manager, and nine staff who carry out reception and administrative duties.

The practice is part of North Tyneside clinical commissioning group (CCG). The practice population is made up of a higher than average proportion of patients over the age 65 (26.6% compared to the national average of 18.9%). The number of patients over the age of 75 is also well above the national average (13.8% compared to 8.8% nationally). Information taken from Public Health England placed the area in which the practice is located in the ninth less deprived decile. In general, people living in more deprived areas tend to have greater need for health services. Life expectancy for both male and females is above local and national averages (female – 84 compared to the CCG average of 82, and male – 80 compared to the CCG average of 78).

The practice is located in a converted three storey building. Patient facilities are on the ground and first floors. There is no dedicated car parking at the site however; there is parking in the streets surrounding the surgery. There is a disabled WC and step-free access.

Opening hours are between 8am and 6pm Monday to Friday. The practice is trialling earlier opening hours and on some days opens at 7.30am. Patients can book appointments in person, on-line or by telephone. Appointments are available between 7.45am or 8am and 11.50am, then between 2pm and 5.25pm. A duty doctor is available each afternoon until 6.30pm.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

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

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is 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.

# Detailed findings

## 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)

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

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.

We carried out an announced visit on 19 April. We spoke with six patients and 10 members of staff from the practice. We spoke with and interviewed three GPs, a nurse practitioner, practice nurse, the practice manager and four staff carrying out reception and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 44 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also 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.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice carried out a thorough analysis of the significant events.

Staff told us they were encouraged to report incidents. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following one incident the arrangements to treat armed services personnel were revised.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Alerts were disseminated by the practice manager to the GPs. The GPs then decided what action should be taken to ensure continuing patient safety, and mitigate risks. The alerts were passed on to relevant staff and discussed at the clinical governance meetings where necessary.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe, 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 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. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and the nurses were trained to level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, it was not clear who was the nominated infection control clinical lead; managers told us the policy would be reviewed to reflect current arrangements.
- Most of the arrangements for managing medicines, including emergency drugs and vaccinations, 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. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and 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. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be

## Are services safe?

individually identified before presentation for treatment). The nursing team had also developed a 'childhood immunisation clinic' protocol, which provided detailed guidance for staff to follow.

- Some medicines (vaccines) needed to be stored in a refrigerator. Staff confirmed that the procedure was to check the refrigerator temperature every day to ensure the vaccines were stored at the correct temperature. We saw records of the temperature recordings, showing the minimum and maximum temperatures but not the actual temperature at the time of the check. There were a small number of days where the temperatures had not been recorded; however, there was no evidence that temperatures had been above appropriate temperatures.
- Recruitment checks were carried out and the three files we reviewed showed that 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 DBS checks.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the main corridor. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice 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 type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use. The practice carried most but did not hold all of the emergency medicines suggested in national guidance; no risk assessment had been carried out to determine which medicines should be stocked. Managers told us this would be reviewed immediately.
- 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 carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to ensure all clinical staff were kept up to date. Staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- The practice monitored that these guidelines were followed through audits and at practice meetings.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 93.3% of the total number of points available, which was below the England average of 94.7% and the clinical commissioning group (CCG) average of 96.7%.

At 6.1%, the clinical exception reporting rate was below the England average of 9.2% (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 data showed:

- Performance for heart failure related indicators was better than the national average (100% compared to 97.9% nationally). For example, the percentage of patients with a diagnosis of heart failure which had

been confirmed by an echocardiogram or by specialist assessment three months before or 12 months after entering on to the register was 100%, compared to the national average of 95.3%.

- Performance for dementia indicators was better than the national average (100% compared to 94.5% nationally). For example, the percentage of patients with a new diagnosis of dementia recorded with a record of a number of specified tests between 6 months before or after entering on to the register was 87.5%, compared to the national average of 81.5%.
- Performance for asthma related indicators was below the national average (87.5% compared to 97.4% nationally). For example, the percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was 63%, compared to the national average of 75.3%.
- Performance for mental health related indicators was below the national average (84.5% compared to 92.8% nationally). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a record of blood pressure in the preceding 12 months was 76%, compared to the national average of 89.5%.

However, we looked at the practice's QOF data for the most recent year (2015/2016); this showed that performance had improved overall and in relation to both asthma and mental health related indicators.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw a number of clinical audits had recently been carried out. During the past year, three audits had been completed and five were in progress. The results and any necessary actions were discussed at the clinical team meetings. This included an audit of diabetic patients to identify those who had not responded to invitations for health checks. An initial audit was carried out which showed that 62 patients had failed to attend the practice over the previous two months. Action was taken and patients were contacted. A further audit cycle was carried out and this showed an improvement, in that 41 patients had made appointments or were receiving reviews at hospital. The lead GP for diabetes planned to contact the remaining 21 patients and the audit was due to be repeated again later in 2016.



# Are services effective?

## (for example, treatment is effective)

The practice participated in applicable local audits, accreditation and research. One of the GPs was a regional engagement lead for research practices. The practice had achieved the Royal College of General Practitioners' (RCGP) Practice Accreditation Award. This measured the quality of care provided to patients across 72 quality standards.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures and basic life support. Some, but not all staff had received information governance training. Staff had access to and made use of e-learning training modules and in-house training.

### 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 test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between

services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every six weeks and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.

### Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. For example:

- Patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice and a dietician were available on the premises.

The practice's uptake for the cervical screening programme was 87.0%, which was above the CCG average of 83.1% and the national average of 81.8%. There was a designated administrative lead for cervical screening; they monitored which patients had attended and encouraged others to book appointments. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.5% to 100% (compared to the CCG averages of between 97.3% and 98.8%) and five year olds from 87.8% to 98% (compared to the CCG averages of between 92.2% and 98.4%).



## Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We 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 people 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 room to discuss their needs.

All of the 44 patient CQC comment cards we received were positive about the service experienced. We spoke with six patients during our inspection. Patients told us they were 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 January 2016, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example, of the patients who responded:

- 98% said they had confidence and trust in the last GP they saw, compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 95% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 89% and the national average of 85%.
- 100% 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%.
- 99% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 91% and the national average of 90%.
- 98% 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 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.

Results from the January 2016 National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were all above local and national averages. For example, of the patients who responded:

- 94% said the GP was good at listening to them, compared to the CCG average of 91% and the national average of 89%.
- 95% said the GP gave them enough time, compared to the CCG average of 90% and the national average of 87%.
- 95% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 90% and the national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 86% and the national average of 81%.
- 92% said the last nurse they spoke to was good listening to them, compared to the CCG and national average of 91%.
- 95% said the nurse gave them enough time, compared to the CCG average of 93% and the national average of 92%.
- 90% said the nurse was good at involving them in decisions about their care, compared to the CCG average of 87% 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. However, there were no notices in the reception areas informing patients this service was available. We were informed that a notice had been prepared and would be put on display.
- Information leaflets were available in easy read format.

## Are services caring?

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there were leaflets with information about listening services, older people's support groups, counselling services and healthy living.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were also carers; 131 patients (2.2% of the practice list)

had been identified as carers. They were offered health checks and referred for social services support if appropriate. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# 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. For example, the practice was in the process of identifying patients who may have benefitted from taking part in the CCG's 'care plus' project (a new model of care where elements of primary care services for some frail, elderly patients were provided by a dedicated team).

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for anyone who needed them. This included people with a learning disability and people speaking through an interpreter.
- Home visits were available for older patients / patients who would benefit from these.
- Doctors carried out a weekly ward round and had regular phone contact with staff at a local nursing home.
- Telephone consultations were available each day.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The site had level access; however, there was no lift to the first floor. Arrangements had been made to provide consultation rooms on the ground floor which were suitable for patients with mobility problems.
- Appointments with GPs could be booked online, in person, on the telephone.
- One of the nurses was the designated lead for patients with learning disabilities; they had developed a health assessment tool to help ensure patients' needs were understood and met.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. At the time of the inspection the practice was trialling opening at 7.30am on some mornings. Appointments were available between 7.45am or 8am and 11.50am, then between 2pm and 5.25pm.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent on the day appointments were also available for patients that needed them.

Results from the National GP Patient Survey, published in January 2016, showed that patients' satisfaction with how they could access care and treatment was well above local and national averages. Patients we spoke with on the day were able to get appointments when they needed them. For example:

- 99% of patients were able to get an appointment, compared to the clinical commissioning group (CCG) average of 86% and the national average of 85%.
- 84% of patients were satisfied with the practice's opening hours, compared to the CCG average of 80% and the national average of 75%.
- 99% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 81% and the national average of 73%.
- 95% of patients described their experience of making an appointment as good, compared to the CCG average of 78% and the national average of 73%.
- 84% of patients said they usually waited 15 minutes or less after their appointment time, compared to the CCG average of 73% and the national average of 65%.

### Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets detailing the process were available in the waiting room and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice displayed openness and transparency when dealing with complaints.

# Are services responsive to people's needs?

(for example, to feedback?)

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of

care. For example, following a complaint about how patients were informed about flu vaccination clinics, a review was carried out to ensure all patients were contacted in the most appropriate manner.

# 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 documented mission statement. This was 'the practice strives to provide medical care and services that are; safe, effective, welcoming, reliable, accessible, responsive, caring, holistic, friendly, informed, communicative, efficient and compassionate, and above all patient centred'.
- Staff knew and understood the values.
- The practice had a supporting business plan which reflected the vision and values and was regularly monitored.
- Managers had considered the age of the workforce and had a succession plan in place to allow, for example, the continuation of the service when staff retired. This included recruiting an apprentice who was in the process of learning about all aspects of the reception and administrative roles within the practice.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Managers had a comprehensive understanding of the performance of the practice.
- 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, openness and transparency

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners 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 and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice 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 that regular team meetings were held.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported, particularly by the practice manager and the partners in the practice. Several staff commented that the practice was 'like a family' and they all looked after each other.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following an in-house patient survey, the practice had begun to open over lunchtime (when it had previously been closed) and a trial of opening early some mornings was underway.

## Are services well-led?

Good 

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

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.