

Cramlington Medical Group

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?	Requires improvement	
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 first carried out an announced comprehensive inspection at Cramlington Medical Group on 1 February 2016. Overall, we rated the practice then as requires improvement. There was a breach of legal requirement. In particular, we found that staff had not completed all of the training they needed to effectively and safely carry out their roles and responsibilities.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the above regulation. We carried out a comprehensive inspection on 18 November 2016 to check whether the provider had taken steps to comply with the above legal requirement. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Cramlington Medical Group on our website at www.cqc.org.uk.

Overall, the practice is rated as good.

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

- The practice had complied with the requirement notice we set following the last inspection. We found that the practice had ensured that all relevant staff had completed training on the Mental Capacity Act 2005 as stated in the action plan the practice produced following the previous inspection.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Lessons were learned when incidents and near misses occurred.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available on the practice website and easy to understand.

Summary of findings

- Most patients said they found it easy to make a routine appointment with a GP and there was continuity of care, urgent appointments were available on 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 and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour regulation.

The areas where the provider should make improvements are:

- Review the processes for recording and monitoring the training that is required by staff to carry out their role.
- Continue to take action to improve the practice's Quality and Outcomes Framework (QOF) performance.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as requires improvement for providing effective services.

The practice had taken action to address most of the concerns raised during our previous inspection. When we inspected the practice in February 2016, we found that:

- The practice was not able to demonstrate that the potentially inaccurate disease registers kept by the previous provider did not pose a risk to some groups of patients and that staff had completed training they needed to promote patient safety, in particular training on the Mental Capacity Act 2005.
- That outcomes for patients at the practice were variable and that the practice had not yet completed two-cycle clinical audits to help improve patient outcomes.

During the inspection in November 2016, we found:

- The practice had reviewed and updated the practice disease registers to ensure they were accurate. All staff had now completed training on the Mental Capacity Act 2005.

Requires improvement



Summary of findings

- Data showed patient outcomes were still variable. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 84% of the points available in 2015/2016. This was 14.2% below the local average and 11.3% below the national average. This was 1.6% below the points achieved in 2014/2015; the current provider was responsible for this performance from 1 May 2015. They had achieved 100% of the points available for nine of the 19 domains within QOF. However, for 10 of the domains performance was below average. The practice had previously undertaken work to improve their QOF performance. They had initiated further work to improve QOF performance but they did not have a formal plan in place to support this work.
- Quality improvement work was taking place, including clinical audit.
- We found that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, the system used to record and monitor training required review.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

- When we inspected the practice in February 2016, we found that the practice were in the process of making sure that appropriate care plans were in place but that this had not yet been completed. We also found that those patients over the age of 75 and those living in care homes did not have a named GP.

During the inspection in November 2016, we found:

- Care plans were now in place for those patients that required them. All patients at the practice had a named GP.
- Data showed that how patients rated the practice varied compared to others for several aspects of care. For example, results from the National GP Patient Survey, published in July 2016, showed that 100% of respondents had confidence and trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%). However, results for consultations with

Good



Summary of findings

GPs were mostly below local and national averages. For example, 85% of respondents said the last GP they saw or spoke to was good at listening to them (CCG average 91%, national average 89%).

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services offered by the practice was available. For example, they provided this information on the practice's website.
- The practice had close links to local and national support organisations and referred patients when appropriate.
- The practice was working to improve the number of patients they had on their carers register; they were focused on identifying carers of vulnerable patients when we inspected the practice. The practice had recently appointed one of the reception staff as a carers' champion.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice was part of a local clinical commissioning group project to improve the care of patients who lived in care homes. This had included the introduction of a weekly ward round that supported continuity of care for patients.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- Most patients said they found it easy to make a routine appointment with a GP and there was continuity of care, urgent appointments were available on the same day.
- The provider had recently introduced a new appointment system. Patients at the practice now called a central number to make routine and urgent appointments. If a patient required an urgent appointment, their call was transferred to a GP who could either complete a telephone consultation at the time or arrange for an urgent appointment or home visit to be booked.
- Data from the National GP Patient Survey, published in July 2016, showed that patients rated the practice lower than average for access to care and treatment. For example, of those that responded 64% found it easy to get through to the practice by phone (CCG average 77%, national average 73%) and 68% described their experience of making an appointment as good (CCG average 75%, national average 73%).

Good



Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. Specialist clinics and support services were available for patients.
- Information about how to complain was available, for example on the practice website.

Are services well-led?

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

- The practice had a clear vision with quality and safety as their top priority. Staff were clear about the vision and their responsibilities in relation to this.
- 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. A small number of these policies required review.
- The provider was aware of and complied with the requirements of the duty of candour regulation. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a patient participation group (PPG) and the practice had acted on feedback from the group.

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 their population. All patients over the age of 75 had a named GP and patients over the age of 75 were offered an annual health check. The practice worked to reduce the unplanned hospital admissions for patients over the age of 75.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs.
- The practice was part of a local clinical commissioning group project to improve the care of patients who lived in care homes. This had included the introduction of a weekly ward round that supported continuity of care.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were varied but were generally below local and national averages. For example, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was the same as the local clinical commissioning group (CCG) average and 1.9% above the national average. However, the practice had achieved 80.5% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with rheumatoid arthritis. This was 17.2% below the local clinical commissioning group (CCG) average and 15.2% below the national average
- The practice maintained a palliative care register.

Good



People with long term conditions

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

- The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and supported by the practice, comprehensive care plans were in place and regularly reviewed.
- Nationally reported data showed that outcomes for patients with conditions commonly found in this population group were

Good



Summary of findings

varied. For example, the practice had achieved 60.6% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was 35.2% below the local CCG average and 29.3% below the national average. This was 7.9% below their performance for 2014/2015. The practice had undertaken work to improve the care of patients with diabetes. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with heart failure. This was the same as local CCG average and 1.9% above the national average. This was 45.1% above their performance for 2014/2015. For five of the clinical domains performance had declined by more than 5% since we last inspected the practice. For four of the clinical domains performance had improved by more than 5% since we last inspected the practice.

- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held regular clinics for long terms conditions.
- Information boards in the practice's waiting areas informed patients of the need for annual reviews for patients with long-term conditions.

Families, children and young people

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

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- There were arrangements for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 87.5% to 96.2% (CCG average 93.6% to 98.6%) and for five year olds ranged from 72.2% to 98.1% (CCG average 91.9% to 98.7%).
- Urgent appointments for children were available on the same day.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.
- Nationally reported data showed that outcomes for patients with asthma were below average. The practice had achieved 57.4% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 41.5% below the local CCG average and 39.9% below the national average.
- The practice provided contraceptive and sexual health advice.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could order repeat prescriptions and book routine healthcare appointments online.
- Telephone appointments were available.
- The practice had a text message reminder service for appointments.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- The practice's uptake for cervical screening was 78.2%, compared to the CCG average of 83.5% and the national average of 81.8%.
- Additional services such as new patient health checks, travel vaccinations and joint injections were provided.
- The practice website provided a good range of health promotion advice and information.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability; patients with learning disabilities had been invited to the practice for an annual health check. Forty-eight patients were on this register, 42% had an annual review and 48% had an influenza vaccination.
- Nationally reported data showed that outcomes for patients with a learning disability were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with a learning disability. This was the same as the local CCG average and 0.2% above the national average.
- The practice offered longer appointments for patients with a learning disability if requested.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Following a serious case review the practice had reviewed their safeguarding procedures.
- Good arrangements were in place to support patients who were carers.

People experiencing poor mental health (including people with dementia)

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

- The practice had identified 1% of their population with enduring mental health conditions on a patient register to enable them to plan and deliver relevant services. Sixty-two patients were on this register and 56 were eligible for a care plan; of these 63% had an annual review completed, 63% had an influenza vaccination.
- Nationally reported data showed that outcomes for patients with mental health conditions were below average. The practice had achieved 84.1% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 12.2% below the local CCG average and 8.7% below the national average.
- Nationally reported data showed that outcomes for patients with dementia were in line with the average. The practice had

Good



Summary of findings

achieved 97.1% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was 2% below the local CCG average and 0.5% above the national average. 82% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which was below as the national average of 85%. The practice was working on an action plan to improve dementia care.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing below the local and national averages in some areas. There were 256 forms sent out and 95 were returned. This is a response rate of 37% and represented 3% of the practice's patient list.

- 64% found it easy to get through to this surgery by phone (CCG average 77%, national average of 73%).
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 79% described the overall experience of their GP surgery as good (CCG average 89%, national average 85%).
- 60% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).
- 85% found the receptionists at this surgery helpful (CCG average 89%, national average of 87%).
- 92% said the last appointment they got was very convenient (CCG average 93%, national average 92%).
- 68% described their experience of making an appointment as good (CCG average 75%, national average of 73%).

- 76% usually waited 15 minutes or less after their appointment time to be seen (CCG average 73%, national average 65%).

In September 2016, following a review of these survey results, the practice had started to ask patients to complete their own short survey. They had focused their questions on patient access. The practice planned to feedback the results to patients when sufficient responses were received.

Prior to the inspection we requested that CQC comment cards be completed by patients, however, no comments cards were completed.

We spoke with five patients during the inspection, including a member of the patient participation group. They said they were happy with the care they received. They said they thought the staff involved them in their care and explained tests and treatment to them. They thought the practice was clean and they said that urgent appointments were always available. However, some patients said that it was not always possible to get a routine appointment in a timely manner. Some patients also said that the practice had improved since the new provider had been in place.

Areas for improvement

Action the service SHOULD take to improve

- Review the processes for recording and monitoring the training that is required by staff to carry out their role.
- Continue to take action to improve the practice's Quality and Outcomes Framework (QOF) performance.

Cramlington Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Cramlington Medical Group

Cramlington Medical Group is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 5,300 patients from one location: The Health Centre, Forum Way, Cramlington, Northumberland, NE23 6QN. We visited this address as part of the inspection. The provider of the service is Northumberland Primary Care Limited, a corporate provider of NHS primary care services that is in partnership with Northumbria Healthcare NHS Foundation Trust. It provides care and treatment to patients living in Cramlington and the surrounding areas.

Cramlington Medical Group is situated in purpose-built premises, which also accommodates another GP practice. The building is on one level. All reception and consultation rooms are fully accessible for patients with mobility issues. An onsite car park is available which includes dedicated disabled parking bays.

The practice has an executive lead GP and three salaried GPs (two male, two female). The practice employs a clinical pharmacist, two nurse practitioners, two practice nurses and one healthcare assistant. They also employ a practice team lead, an administration lead, four receptionists and

two secretaries. A deputy group manager provides support for all of the practices in the group. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

Cramlington Medical Group is open at the following times:

- Monday to Friday 8:30am to 6:30pm.

The telephones are answered by the practice between 8am and 6pm. When the practice is closed patients are directed to the NHS 111 service. This information is also available on the practices' website. The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare, which is locally known as Northern Doctors Urgent Care Limited.

Appointments are available at Cramlington Medical Group at the following times:

- Monday 8:50am to 5:20pm
- Tuesday 8:30am to 5:15pm
- Wednesday 7:30am to 5:40pm
- Thursday 8:30am to 8:00pm
- Friday 8:30am to 5:10pm

Extended hours appointments are available each Wednesday morning from 7:30am to 8:30am and from 6:30pm to 8:30pm on a Thursday evening. Appointments are available with a GP, nurse practitioner or a nurse.

The practice is part of NHS Northumberland clinical commissioning group (CCG). Information from Public Health England placed the area in which the practice is located in the fifth most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. Average male life expectancy at the practice is 78 years compared to the national average of 79 years. Average female life expectancy at the practice is 82 years compared to the national average of 83 years.

Detailed findings

The proportion of patients with a long-standing health condition is in line with the national average (57% compared to the national average of 54%). The proportion of patients who are in paid work or full-time employment or education is in line with the national average (63% compared to the national average of 62%). The proportion of patients who are unemployed is in line with the national average (5.2% compared to the national average of 5.4%).

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 November 2016.

During our visit we:

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

- Spoke to staff and patients. This included two GPs, the deputy group manager, the practice team lead, two nurse practitioners, the clinical pharmacist and two members of the reception team. We spoke with five patients who used the service including one who was a member of the patient participation group (PPG).
- Looked at documents and information about how the practice was managed and operated.
- Reviewed patient survey information, including the National GP Patient Survey of the practice.
- Reviewed a sample of the practice's policies and procedures.

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

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

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

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

Please note that when referring to information throughout this report, for example, any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

- We found that there was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available for staff to use to document these. The incident recording form supported the recording of notifiable incidents under the duty of candour regulation. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written or verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. We reviewed the forms and log used to record significant events. These recorded the event and any actions taken by the practice to reduce the risk of the event reoccurring. For example, following a significant event the practice had updated their processes for the management of electronic blood tests.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice had an effective system for reviewing and acting on safety alerts received. Recent alerts were also displayed in the staff kitchen area to ensure staff were quickly aware of those recently received.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined whom to contact for external guidance if staff had concerns about a patient's welfare. Staff at the practice knew who the lead members of staff for adult and child safeguarding were, however, the practice's policy on

vulnerable adults listed a lead member of staff for adult safeguarding who was no longer working there. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in children's safeguarding. Following a serious case review the practice had reviewed their safeguarding procedures.

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

Are services safe?

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster, which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. However, the fire evacuation policy was out of date; the practice told us that they would review this policy promptly. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in

place for all the different staffing groups to ensure that enough staff were on duty. The practice regularly reviewed the staffing needs of the practice. However, some staff told us that staffing levels could be improved.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. However, some of these required review.

- There was an instant messaging system on the computers in all the consultation and treatment rooms that 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 were available in a treatment room. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of the medicines we checked were in date and fit for use.
- The practice had a business continuity plan. It included details of actions to be taken in the event of possible disruptions to service, for example, loss of power. The plan was updated each year and copies were held off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

When we inspected the practice in February 2016, we found that the practice was not able to demonstrate that the potentially inaccurate disease registers kept by the previous provider did not pose a risk to some groups of patients.

During the inspection in November 2016, we found:

- The practice had reviewed and updated the practice disease registers to ensure they were accurate.
- The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

When we inspected the practice in February 2016, we found that the practice was not able to demonstrate effective management and monitoring of patient outcomes in some areas. In some areas, the outcomes for patients were lower than national and local averages (however, the practice had not been responsible for the practice for the whole year this covered). We also found that no two-cycle clinical audits had been completed by the practice since they became responsible for the practice.

During the inspection in November 2016, we found:

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recent published results showed the practice had achieved 84% of the total number of QOF points available compared to the local clinical commission group (CCG) average of 98.2% and the national average of 95.3%. This was 1.6% below the points achieved in 2014/2015; the current provider was responsible for this performance from 1 May 2015.

At 7.6%, their clinical exception-reporting rate was 2.7% below the local CCG average and 2.2% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/2016 showed;

- Performance for the diabetes related indicators was below average (60.6% compared to the national average of 89.2%). This was a decline of 7.9% since the inspection in February 2016. The practice's clinical exception rate for diabetes was 0%, which was below the national average of 10.8%.
- Performance for the stroke and transient ischaemic attack related indicators was in line with the average (97.7% compared to the national average of 97.3%). This was the same as the inspection in February 2016. The practice's clinical exception rate for stroke and transient ischaemic attack was 5.2%, which was below the national average of 9.7%.
- Performance for the heart failure related indicators was above average (100% compared to the national average of 98.1%). This was an improvement of 45.1% since the inspection in February 2016. The practice's clinical exception rate for heart failure was 0%, which was below the national average of 9.3%.
- The practice performed well in some areas. For example, the practice had achieved 100% of the points available for nine of the 19 clinical domains, including the learning disability, cancer and palliative care domains.

The current provider had only been responsible for the practice since May 2015, and was not therefore fully accountable for the delivery of the 2015/2016 QOF outcomes, which covered from April 2015 to March 2016.

The practice had previously undertaken work to improve their QOF performance, for example they had introduced an effective call and recall system used to invite patients for review and the practice disease registers had been updated since we last inspected the practice. However, we discussed the work that had recently been undertaken with the practice and they agreed that the work undertaken could be more effective if it was more formally planned and monitored at practice meetings.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- The practice demonstrated that they had carried out clinical audit activity to help improve patient outcomes. We saw evidence of two two-cycle audits completed since we last inspected the practice, including one that looked the management of children with acute ear infections. The audit showed, for example, an improvement in the number of patients treated in line with national guidance on the prescribing of antibiotics from 35% to 100%. However, the audit showed that there were still some areas that required improvement. The practice had completed nine single-cycle reviews since we last inspected. For example, the practice had reviewed their management of safeguarding, dementia and heart failure. For most single cycle reviews, the practice planned to re-audit the area of work to ensure improvements in patient outcomes.
- The practice had identified the need to improve the care provided for patient with diabetes when they took over the practice in 2015. In 2016, they invited a diabetes specialist nurse to provide a series of diabetic teaching sessions that covered key areas in diabetic care such as insulin use. They were also provided with a resource pack that was made available to all clinicians
- The practice participated in clinical commissioning group (CCG) medicines optimisation and quality in prescribing schemes to improve patient outcomes and provide cost effective care.
- Since the last inspection the practice had appointed a clinical pharmacist, who completed medicines reviews at the practice to ensure safe and effective prescribing practices.
- The practice had introduced new clinical protocols and templates to ensure effective and consistent clinical care, for example in the management of patients with chronic obstructive pulmonary disease (COPD).
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by having access to on line resources and discussion at practice meetings.
- Staff had access to and made use of e-learning training modules, in-house training and external training.
- Prior to the inspection the practice forwarded details of the training completed by staff, this was provided using the training monitoring system used by the provider to ensure staff completed the training required for their role. When we reviewed the information provided with the practice, we found that it did not include details of all the training that staff had completed. We discussed this with the practice and they said that the system used to monitor staff training required review to ensure accurate records were available to the practice.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to most of the training required to meet their learning needs and to cover the scope of their work. The practice provided ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. For example, the provider held monthly half-day education sessions at their headquarters, staff told us they attended these sessions. However, during the last inspection the practice had told us that they planned to complete a training needs analysis for each staff member to clarify the training requirements for each role. We saw that this had been completed; however, it did not include training in both adult and child basic life support for all staff. For example, basic life support training was not listed as required training for reception, secretarial, administration or managerial staff. Paediatric (child) life support training was only listed as a requirement for the practice nurse. Despite this, most staff had completed some training in basic life support; however, the practice told us that this had not covered paediatric (child) life support training. Following the inspection the practice were able to confirm that the training the staff had

Effective staffing

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

- The practice had an induction programme for all newly appointed staff, including locum GPs. It covered such topics as safeguarding, fire safety, health and safety and confidentiality. New staff also attended a corporate induction in addition to the internal induction programme.

Are services effective?

(for example, treatment is effective)

completed included paediatric (child) life support training. The practice told us that they would review the training needs analysis for all staff to include the required training.

- All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

- This included risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred or, after they were discharged from hospital.
- We saw evidence that multi-disciplinary team (MDT) meetings took each month as part of a CCG project. These meetings discussed vulnerable patients and focused on providing effective support and the reduction of hospital admission for these patients.
- The practice met with health visitors and district nurses each month. They told us that they had good working relationships with the practice and that they responded to any concerns raised promptly. They told us these joint working arrangements had improved since the new provider took over the practice.

Consent to care and treatment

When we inspected the practice in February 2016, we found that staff had not completed training they needed to promote patient safety, in particular training on the Mental Capacity Act 2005.

During the inspection in November 2016, we found:

- All staff had now completed training on the Mental Capacity Act 2005.
- Staff sought patients' consent to care and treatment in line with legislation and guidance.

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

Supporting patients to live healthier lives

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

- This included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice provided in house smoking cessation advice and support.
- Information such as NHS patient information leaflets was also available.
- The practice's website provided a good range of health information and details of support services available for patients.

The practice's uptake for cervical screening was 78.2%, which was below the CCG average of 83.5% and the national average of 81.8%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. The practice were aware of the need to improve their screening uptake and were working to improve patients awareness of the screening programme.

Childhood immunisation rates for the vaccinations given were slightly lower than the CCG averages. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 87.5% to 96.2% (CCG average 93.6% to 98.6%) and for five year olds ranged from 72.2% to 98.1% (CCG average 91.9% to 98.7%). The practice worked to encourage uptake of screening and immunisation programmes with the patients at the practice. For example, the practice participated in a 'pink letter' scheme with a national cancer support organisation to encourage more women to attend cervical screening.

Are services effective?

(for example, treatment is effective)

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- On the day of the inspection, we saw that staff were caring and they treated patients with respect.

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

- 91% said they had confidence and trust in the last GP they saw or spoke to (CCG average 97%, national average 95%).
- 85% said the GP they saw or spoke to was good at listening to them (clinical commissioning group (CCG) average 91%, national average 89%).
- 90% said the GP they saw or spoke to gave them enough time (CCG average 89%, national average 87%).
- 90% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 100% had confidence or trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).
- 96% said the last nurse they saw or spoke to was good at listening to them (CCG average 94%, national average 91%).

The practice gathered patients' views on the service through the national friends and family test (FFT). (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). Data from the most recent Friends and Family Survey carried out by the practice, from August 2016 to September 2016, showed that of 96 respondents 83% of patients said they would be extremely likely or likely to recommend the service to family and friends. Only 8% of

patients would be unlikely or extremely unlikely to recommend the service to family and friends. Information on the practice's friends and family performance was displayed in the practice's waiting area.

Care planning and involvement in decisions about care and treatment

When we inspected the practice in February 2016, we found that the care plans were not always in place and that there was no named GP's in place patients over 75 the age or in care homes

During the inspection in November 2016, we found:

- Care plans were now in place for those patients that required them. All patients at the practice had a named GP.

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

Results from the National GP Patient Survey, published in July 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.

For example:

- 84% said the last GP they saw was good at explaining tests and treatments (CCG average of 90%, national average of 86%).
- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 82%).
- 92% said the last nurse they saw was good at explaining tests and treatments (CCG average 92%, national average 90%).
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).

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

- Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice website also provided a range of health advice and information. The waiting area had an information area dedicated to carers that provided a good range of advice and information for patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had links to support organisations and referred patients when appropriate. The practice had identified 72 of their patients as being a carer (1.4% of the

practice patient population). The practice was working to improve the number of patients they had on their carers register, they were focused on identifying carers of vulnerable patients when we inspected the practice. The practice had recently started inviting carers to attend for a carers health checks. The practice had recently appointed one of the reception staff as a carers' champion.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

The practice was aware of the needs of their practice population and provided services that reflected their needs. For example, the practice was working on an action plan to improve dementia care and they had undertaken work to improve the care of patients with diabetes. We also found that:

- When a patient had more than one health condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- The practice held regular clinics. For example, for patients diagnosed with diabetes and to provide childhood immunisations.
- There were longer appointments available for patients with a learning disability, patients with complex conditions and those requiring the use of an interpreter when requested.
- Home visits were available for older patients and patients who would benefit from these.
- The practice was part of a local clinical commissioning group project to improve the care of patients who lived in care homes. This had included the introduction of a weekly ward round that supported continuity of care.
- Extended hours appointments were available each Wednesday morning from 7:30pm to 8:30am and from 6:30pm to 8:30pm on a Thursday evening. Appointments were available with a GP, nurse practitioner and a nurse.
- Patients were able to receive travel vaccinations that were available on the NHS.
- Smoking cessation support, dietary advice and a counselling service were provided by the practice.
- The practice provided contraceptive services and sexual health advice to patients.
- There were disabled facilities and translation services were available.
- Patients could order repeat prescriptions and book GP appointments on-line.

- A regular practice newsletter was produced that provided information on the services available and any changes at the practice.

Access to the service

The practice was open at the following times:

- Monday to Friday 8am to 6:30pm.

Appointments were available at the practice at the following times:

- Monday 8:50am to 5:20pm
- Tuesday 8:30am to 5:15pm
- Wednesday 7.30am to 5:40pm
- Thursday 8:30am to 8:00pm
- Friday 8.30am to 5:10pm

Extended hours appointments were available each Wednesday morning from 7:30pm to 8:30am and from 6:30pm to 8:30pm on a Thursday evening. Appointments were available with a GP, nurse practitioner and a nurse.

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

- 80% of patients were satisfied with the practice's opening hours (CCG average 76%, national average of 76%).
- 64% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 84% patients said they able to get an appointment or speak to someone last time they tried (CCG average 86%, national average 85%).
- 51% feel they normally don't have to wait too long to be seen (CCG average 66%, national average 58%).
- 68% describe their experience of making an appointment as good (CCG average 75%, national average 73%).

In September 2016, following a review of these survey results, the practice had started to ask patients to complete their own short survey. They had focused their questions on patient access. The practice planned to feedback the results to patients when sufficient responses had been received.

Are services responsive to people's needs?

(for example, to feedback?)

Most patients said they found it easy to make a routine appointment with a GP and there was continuity of care, urgent appointments were available on the same day. The practice had a system in place to assess:

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

The provider had recently introduced a new appointment system. Patients at the practice now called a central number to make routine and urgent appointments. If a patient required an urgent appointment, their call was transferred to a GP who could either complete a telephone consultation at the time or arrange for an urgent appointment or home visit to be booked. The practice had written to all patients to ensure they were aware of the new appointments system.

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

We spoke with five patients during the inspection; including a member of the patient participation group. They told us that urgent appointments were available when required but they were aware that some patients found it difficult to make a routine appointment in a timely

manner. On the day of the inspection, there was a routine appointment with a nurse practitioner available in three days. A routine GP appointment was available the next working day.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The deputy group manager was the designated responsible person who handled all complaints in the practice; GPs provided clinical oversight when required.
- We saw that information was available to help patients understand the complaints system. Information was on display on practice's website. However, there was no information on how to make a complaint available in the reception area that patients without access to the internet could easily access.

We looked at three of the eight complaints received in the last 12 months and found that these were dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. However, some of the letters sent by the practice did not include details of actions that patients could take if they were not satisfied with the outcome of the complaints. The practice told us that they would ensure they were more consistent.

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 provider had a clear vision to deliver high quality care and promote good outcomes for patients which was developed to the practice.

- The provider had a statement of purpose that included that they would ‘aim to provide good quality primary care services from a clean, well equipped and safe environment’ and ‘our team will have the right skills and training to carry out their duties competently’.
- The providers aims and values included ‘putting patients first’ and ‘ensuring that we are responsible and accountable, as individuals, a team and the wider organisation’

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs, nurses and the practice management team held lead roles in key areas, for example safeguarding and chronic disease management.
- The management of the practice had an understanding of the performance of the practice and they were aware of the need to improve QOF performance. The practice team lead told us that since they started in this role they had reviewed the practices QOF performance each month and took action to make improvements, for example, running additional clinics or asking nursing staff to undertake reviews. However, we discussed the work that had recently been undertaken with the practice and they agreed that the work undertaken could be more effective if it was more formally planned and monitored at practice meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

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

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

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

- The practice held regular meetings. For example, the practice held regular multi-disciplinary team and governance meetings and members of the practice team attended executive meetings where they discussed significant events and practice performance.
- Practice specific policies were implemented and these were easily accessible to staff. Policies were regularly reviewed and updated. However, the vulnerable adult’s policy and the fire evacuation policy required review.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and were supported if they did.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the provider held regular executive meeting were significant events and the practices risk register were discussed and monitored.
- The practice had an executive GP who had two sessions each week allocated to the management of the practice. The practice told us that this enabled a focus on improvement and practice development.

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

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

- There were improved arrangements to engage with patients. The practice had found it difficult to recruit

Are services well-led?

Good 

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

long-term members of the patient participation group (PPG). We spoke to the one member of the group who was currently active and they told us that they had not met with the practice for a few months but that prior to this the group had met with the practice regularly. They said that the practice was open and honest with them and that they listened to some of the concerns that they had raised. For example, the PPG had analysed a practice survey and fed back that patients wished complaints to be fed directly to the practice manager instead of reception staff. This had been implemented but their suggestion to make information on how to complain easily available in the waiting area had not been. When we inspected the practice there was no information on how to make a complaint available in the reception area.

- In September 2016, following a review of the National GP Patient Survey results, the practice had started to ask patients to complete their own short survey. They had focused their questions on patient access. The practice planned to feedback the results to patients when sufficient responses had been received.
- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was planning effectively for changes at the practice.

For example:

- The practice had responded to the previous inspection and had taken action to address the breach of regulation that was identified; however, the process to monitor training required review.
- The provider had recently introduced a new appointment system. Patients at the practice now called a central number to make routine and urgent appointments. If a patient required an urgent appointment, their call was transferred to a GP who could either complete a telephone consultation at the time or arrange for an urgent appointment or home visit to be booked.
- The practice was open to gaining external oversight of their systems and processes to support change and improvement. For example, following a serious case review the practice were offered, and accepted, support from the local safeguarding lead. This had resulted in a series of learning events for the whole practice team. Clinical staff were also involved in an external peer review process of the safeguarding systems and processes in place to ensure that they were effective and supported effective safeguarding. The practice had also identified the need to improve the care provided for patient's living with diabetes when they took over the practice in 2015. In 2016, they invited a diabetes specialist nurse to provide a series of diabetic teaching sessions that covered key areas in diabetic care such as insulin use. They were also provided with a resource pack that was made available to all clinicians.