

Zetland Medical Practice

Quality Report

Windy Hill Lane

Marske by Sea

Redcar

TS11 7BL

Tel: 01642 477133

Website: zetlandmedicalpractice.co.uk

Date of inspection visit: 20 October 2016

Date of publication: 16/02/2017

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Zetland Medical Practice on 20 October 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and 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 and staff felt supported by management. The practice acted upon feedback from staff and patients.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw areas of outstanding practice:

Summary of findings

The practice provides an acupuncture service for pain management. The practice had one of the lowest referral rates within South Tees CCG to the pain clinic.

The continuous improvement work that specific GP's were involved in, which benefitted both their patients and the wider community. For example, the use of Skype with a computer link up to local care home, where advice and consultations could take place.

The practice operated a duty GP system. An important aspect of this role was to conduct home visits to patients earlier in the day. This then allowed for earlier health intervention which prevented overnight stays in hospital.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- When things went wrong patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice used a national reporting system for the notification of significant incidents, where required.
- Changes in clinical guidance were conveyed to staff members through daily communication.

We did however identify some areas where improvement was needed. This included the development of internal infection control audits.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above the CCG and the national percentages. This was 100%. The local CCG average was 94% and the England Average was 95%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice worked with other local providers to share best practice.

Summary of findings

- A number of the GP partners were involved with work with external organisations, which benefitted patients within those organisations and also the practices patients.

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 were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible, some of it was also available in other languages.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We saw evidence of reception staff being extremely patient and understanding towards patients trying to communicate their needs.

Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients could access appointments and services in a way and at a time that suited them. A range of different appointments were available including telephone consultations.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, it was in the process of setting up a teleconferencing facility to offer video consultations to its nursing home patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Evidence showed the practice responded quickly to complaints and issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

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

Good



Summary of findings

- 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 governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The patient participation group was virtual and the practice were striving to increase the profile and involvement of the group.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice demographic indicated a higher than average percentage of older people within its registered list.
- As part of the unplanned admission scheme the practice offered same day telephone appointments with a GP and refer patients who were elderly or vulnerable to community matrons for support.
- The practice offered proactive, personalised care to meet the needs of the older people in its population, including home visits.
- Nationally reported data for 2015/2016 showed that outcomes were good for conditions commonly found in older people. For example, performance for heart failure indicators was 100%; this was 6% above the local CCG average and 1% above the England average.

People with long term conditions

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

Good



- GP partners were GPSI's in diabetes and heart disease. This benefitted the patients due to their expert knowledge in these conditions.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a usual GP and 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.
- Nationally reported data for 2015/2016 showed that outcomes for patients with long term conditions were good. For example, 100% of diabetic patients had received the flu vaccination compared to the local CCG average of 96% and England average of 94%.

Summary of findings

- Patients with LTCs had a named GP and a structured annual review to check that their health and medicines needs were being met. For those patients with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Practice nurses visited patients at home to do long term conditions reviews and administer flu vaccinations during the flu season.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Uptake rates were high for all standard childhood immunisations.
- The practice had a system of follow up when it had been informed that a child had not attended an appointment with an external agency or alternative care provider.
- 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.
- Immunisation rates were comparable to the local CCG and England.
- Nationally reported data from 2015/2016 showed the practice's uptake for the cervical screening programme was 100%. This was comparable to the local CCG average of 99% and the England average of 97%.
- The practice offered a range of sexual health services where patients could get advice and treatment, for example contraception. Information and testing kits for sexually transmitted diseases were available in the practice.
- The practice had close, regular links with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Working with the local STAR (South Tees Access and Response) service, the practice were able to offer extended hours appointments through dedicated hubs.
- Family planning clinics, minor surgery and joint injections were provided at the practice so patients did not have to attend hospital to access these services.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

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 had a good in depth knowledge of its vulnerable patients.
- Same day medication delivery was available to housebound patients.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.
- The practice had good links with the alcohol liaison team.
- The practice worked with asylum seeker agencies to provide care and support.
- The practice worked with Eva an organisation to support patients who suffered domestic abuse.
- The practice provided healthcare in local prison services and in a practice for asylum seekers and refugees and for those suffering from drug and alcohol problems in the vulnerable population group in the report.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- Performance for mental health related indicators was better than the national average.
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months was 100% which was 10% higher than the CCG average and 1% higher than the England average.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 96% which was higher than the CCG average by 11% and the England average by 12%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice regularly worked 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 normal working hours and out of hours.
- The practice had a GP who had a special interest in mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing similar to local and national averages. 224 survey forms were distributed and 106 were returned. This represented 2% of the practice's patient list.

- 56% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and the national average of 73%.
- 65% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76% and the national average of 76%.
- 76% of patients described the overall experience of this GP practice as good compared to the CCG of 86% and national average of 85%.
- 62% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 78% and the national average of 79%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We received 24 completed comment cards which were very positive about the standard of care received. Patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as outstanding and said staff were professional, friendly and caring. Also, that they were listened to them and provided advice and support when needed.

Feedback on the comments cards and from patients we spoke with reflected the results of the national survey. Patients were very satisfied with the care and treatment received.

The Friends and Family Test (FFT) results from July 2015 to June 2016 showed 45 of 48 patients were extremely likely or likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

Importantly the provider should continue to implement the recommendations from the infection and prevention control report.

Outstanding practice

The continuous improvement work that specific GP's were involved in, which benefitted both their patients and the wider community. For example, use of Skype with a computer link up to local care home, where advice and consultations could take place

Zetland Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Zetland Medical Practice

Zetland Medical Practice, Windy Hill Lane, Marske-by-the-Sea, Redcar, Cleveland, TS11 7BL. There is a large free public car park available opposite the practice. The practice is in a purpose built building with disabled access and consulting and treatments rooms available on the ground floor. There is one branch practice, 2 Windsor Road, Saltburn-by-Sea, TS12 1BH4RA. This site was not visited during the inspection. Both of the premises were on long-term leases.

The practice has a Primary Medical Services contract with NHS England, South Tees Clinical Commissioning Group (CCG). The total practice patient population is 5,058 covering patients of all ages. They also provide some Directed Enhanced Services, for example they offer minor surgery, acupuncture and the childhood vaccination and immunisation scheme. The practice is a training practice and teaches third and fifth year medical students.

The practice has held contracts to deliver GP services at two local prisons, a specialist Asylum Seeker and Refugee Practice and Specialist Drug and Alcohol services. They currently hold a contract to deliver GP services to patients in a Secure Mental Health Unit at the local NHS Mental Health Trust.

The proportion of the practice population in the 65 years and over age group is higher than the England average. The practice scored seven on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The staff team comprises six GP partners (three female and three male). There is also a salaried GP and as the practice is a teaching practice there was also two GP registrars. There are two practice nurses and two healthcare assistants. The practice is managed and supported by a two practice manager, administration, secretarial and reception staff. In total there are 16 staff, in addition to the GPs.

The practice reception is open Monday to Friday 8am until 6pm (excluding bank holidays), with appointment being available between 8.30am and 11.30am, 3.30pm and 5.30pm with extended hours on a Wednesday between 6.30pm and 8.40pm. The branch practice at Saltburn was open between 8.30am and 1.00pm Monday to Friday. Appointments were available between 9.00am and 11.30am.

The practice operates a telephone triage system for urgent appointments, through the use of a duty doctor. Face to face appointments are available daily for patients that ring the same day. The practice telephones switch to the out-of-hours provider at 6pm each evening and at weekends and bank holidays.

Why we carried out this inspection

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

Detailed findings

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 attending the practice, 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 20 October 2016. During our visit we:

- Spoke to a range of staff and spoke to patients who used the service, including the patient participation group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out analyses of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a care home contacted the practice as one of their patients was unresponsive. Receptionist added this to the GP's screen, who did not see this for two hours by which time the care home had called 999 and the patient had been admitted. This has been reviewed and it was highlighted that the receptionist should have spoken directly to the on call GP as well as putting the information on his screen. The procedure in place for urgent calls had not been followed and the learning was shared with the whole practice team so that it would not happen again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GP's were trained to level 3 in safeguarding

- A notice in the waiting room and notices in every clinical room advised patients that chaperones were available if required although some patients stated that they were unaware of the chaperone system. Chaperone duties were only carried out by clinical staff who had been DBS checked.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- One of the practice nurses had responsibility for infection control management and was detailed as the designated lead. There was an infection control protocol in place and staff had received up to date training. We noted that internal infection control audits had not been undertaken. The practice had however commissioned an external agency to complete an audit for which there were some recommendation. These were in the process of being implemented and included the need to replace cloth covered seating. We also identified the need to ensure that all pillows had waterproof, washable covers and the floor in one of the treatment rooms was carpeted and needed to be replaced with washable flooring.
- At the time of the inspection the arrangements for managing medicines, including emergency medicines and vaccines in the practice kept patients safe and oxygen cylinders were checked regularly. The practice had identified there had been a period when these had not been checked, on investigation this had occurred due to changes in staff and information not communicated clearly. We also found that the records were not detailed enough. An action plan was received following the inspection, this detailed that new, more detailed records were being implemented.
- Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and 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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed four personnel files and found that in the main the appropriate recruitment checks had been undertaken prior to employment. This was with the exception of a registered nurse and a health care assistant who commenced prior to Disclosure and Barring Scheme (DBS). These had since been obtained and were evidenced in their respective recruitment files. The recruitment checklist had been reviewed and information was added to detail the need to obtain DBS checks prior to employment if working with vulnerable adults or children. The practice was also in the process of updating their policy and procedures in respect of this.

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 reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Portable electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We did however note that the five yearly periodic electrical

installation for hard wiring had not been carried out. The practice took immediate steps to arrange for this to take place. Certification showing the work had been carried out was forwarded to CQC following the inspection.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. This also alerted an external agency who would contact the practice to see if any other services were required to visit, such as the police or ambulance service.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. There was a 14% exception rate to this figure. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This was higher than the CCG average by 3% and national average by 4%. This was discussed in detail and the practice were looking at the coding of this information as they believe it to be an issue relating to coding rather than actual exemptions. This practice was not an outlier for any QOF (or other national) clinical targets. Data from showed:

- Performance for diabetes related indicators was higher than the England average. The percentage of patients with diabetes, on the register, who had the flu vaccine in the preceding 12 months, was 100% which was 5% above the England average and 4% above the CCG average.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 90% which was 11% above the England average and 12% above the CCG average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. For example, the percentage of patients with

hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 91% which was above the England and CCG averages of 84%.

- Performance for mental health related indicators was better than the national average.

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months was 100% which was 8% higher than the CCG average and higher than the national average of 90%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 93% which was higher than the national average of 84% and CCG average of 83%.

The practice had worked hard over the past few years to reduce their antibiotic prescribing. At the time of the inspection the practice was the fifth lowest antibiotic prescribing practice in the South Tees area.

There was evidence of quality improvement including clinical audit.

- There had been a significant number of clinical audits and reviews undertaken in the last year where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, an audit into patients with prostate cancer. The protocol was redesigned following patients discharged from hospital so annual bloods could be done. Also to review the prostate-specific antigen (PSA, is a protein produced by cells of the prostate gland) levels, which can be affected by certain medications to give an artificially low reading.
- There were good links between the practice, the CCG, the local medical committee and the ELM Alliance (South Tees GP federation) which helped the practice to benchmark its quality improvement.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as

Are services effective?

(for example, treatment is effective)

safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. They had role specific inductions for GP's and locum GP's, however not for registered nurses or health care assistants. This was an area the practice was in the process of developing and implementing.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Revalidation for GP's and nurses had taken place.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings and 'time-in and time-out' sessions. This also included support for revalidating GPs and registered nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance.
- There was a stable workforce, with good retention of staff. All staff were aware of the internal structure of the practice team.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from, hospital.

Zetland Medical Practice provided data in relation to their A/E attendance, which was less than half the national average. Information was shared which showed the practice was proactive in managing their vulnerable patients and patients with long-term conditions to reduce the need for hospital admissions. Since 2014 admissions to hospital had reduced and the practice continued to maintain these lower number of admissions with only a very slight increase this year.

The practice had good working relationships with their local care homes and worked in partnership with a range of supporting agencies. This included, the rapid response team, community nursing team and therapy and social care teams.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Staff had completed MCA training. 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. An example of 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,

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 85% and slightly higher than the national averages of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice

Are services effective?

(for example, treatment is effective)

ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example,

childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97% (CCG averages ranged from 86% to 99%) and five year olds from 92% to 98% (CCG averages ranged from 91% to 96%).

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We were told about examples where staff had offered extra time to patients and carers, because the patient and clinical staff felt this was needed.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced as were the 15 patient questionnaires, which had been completed during the inspection day. Patients said they felt the practice offered a good service in a timely manner, and they were treated with courtesy and dignity. Comments included that GP's were always willing to listen and that it was a fully professional and caring service.

The practice had a virtual PPG group and are in the process of developing a face to face one.

Results from the national GP patient survey did reflect that patients felt they were treated with compassion, dignity and respect. The practice was similar to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients 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 positive and aligned with these views. We saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 91% and the national average of 85%.

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

- At the time of the inspection there were no patients who first language was not English. Staff told us that they had access to a translation services if it was needed.

Are services caring?

- We were told that patients with a hearing loss were offered help with their understanding about their care and treatment. There was a hearing loop available.
- The practice leaflet had been produced in large print and in accordance with guidance for written information for patients with visual impairment.
- With written consent and appropriate information governance arrangements a small number of patients with visual impairment received information via email (this was at their consent). Their system had a voice activation system.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the patients were registered as carers. Carers were offered a flu vaccination in winter time. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and make a visit and a bereavement card would also be sent.

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 worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admissions or A/E attendances. Zetland Medical Practice provided data in relation to their A/E attendance, which was less than half the national average.

The practice delivered enhanced services for the benefit of their patients. One of those services was an acupuncture service. In the last 12 months, 23 patients have benefitted from this treatment. We also looked at local CCG data that showed the practice was one of the lowest referrers to the pain clinic within this CCG area.

- There were longer appointments available for patients with a learning disability. Learning disability health checks were undertaken annually.
- Appointments could be made on line, via the telephone and in person.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problems could be dealt with on the phone.
- Duty doctors were available daily. The duty doctors would look at all blood tests, all urgent hospital letters, all non-repeat prescription requests and would then action all of these. They would also see letters for highlighted patients such as those on the unavoidable admission register and action any home visits following discharge from hospital and update the patients care plan.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations and advice.
- Same day appointments were available patients.

- There were disabled facilities, a hearing loop for patients who had hearing difficulties and there was translation services available.
- Consultation and treatment rooms were accessible and there were accessible toilets.
- The provision of early delivery of medicines on the same day to housebound patients, which avoided the delay in commencement of treatment.
- Family planning clinics, minor surgery and joint injections were provided at the practice so patients did not have to attend hospital to access these services.

Access to the service

The practice reception was open Monday to Friday 8am until 6pm (excluding bank holidays), with appointment being available between 8.30am and 11.30am, 3.30pm and 5.30pm with extended hours on a Wednesday between 6.30pm and 8.40pm. The branch practice at Saltburn was open between 8.30am and 1.00pm Monday to Friday. Appointments were available between 9.00am and 11.30am.

Home visit took place earlier in the day with a view to preventing overnight admissions to hospital. If a patient needed to go to hospital for tests, this was arranged earlier in the day so that any tests needed could be completed and the patient could then be sent home.

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

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 78%.
- 56% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.

The practice were well aware of the difficulties patients had in getting through to the practice by phone. They had completed some staffing restructuring in an attempt to address this. Further action was being taken as the telephone system needed to be updated. The practice had put together a funding bid to help support this improvement.

People told us on the day of the inspection that they were able to get appointments when they needed them, and we saw evidence that the appointment system was accessible.

Are services responsive to people's needs?

(for example, to feedback?)

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.

This was done through the duty GP triage system. Whenever possible, there were two duty GP's available during the morning and always one available in the afternoon. 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.

Listening and learning from concerns and complaints

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

- The practice's 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 looked at complaints received in the last 12 months, for which there had been 18. We found that these were dealt with in an open and transparent way. Lessons were learnt from individual concerns and complaints and also, from analysis of trends, action was taken as a result to improve the quality of care. We also saw evidence that the practice had apologised to patients.

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 mission statement and staff knew and understood the values. They aimed to deliver high quality primary health care to all of their patients.
- The practice felt strongly about its core values of team work, patient focus, commitment and dedication.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the 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 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 the practice held regular meetings. Most meetings were minuted or had documented actions.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice aimed to ensure the wellbeing of staff through support systems at times of difficulty and social events.

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

The practice encouraged and valued feedback from patients, the public and staff and had received thank you cards over the preceding months.

- The PPG was a virtual group and the practice manager was working hard to recruit an active group, and to try and organise face-to-face meetings.
- The practice had gathered feedback from staff through regular discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good 

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

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking, embraced innovation, and was part of local pilot schemes to improve outcomes for patients in the area. It had a level of recognition about its challenges but was continually striving to improve, in line with its core values.

Examples of pilot projects included,

Use of Skype with a computer link up to local care home, where advice and consultations could take place.

One of the GP had taken the lead within the local CCG area for developing the model for 'Single Point of Access' for health and social care across the South Tees region. This work was due to be implemented from 31 January 2017.

Dr First pilot (a process for improving patient access to primary care), which they trailed then modified due to patient feedback. The modification included the Duty GP speaking to all patients with urgent requests.

A project for an exercise programme for patients with peripheral vascular disease, which had been commissioned and due to start in 2017.

A number of the partners also had external interest which impacted positively on the community at large. They were also involved in work with local and regional NHS groups. These included, one of the GP's had a number of external roles including being the assistant medical director for Cumbria and the North East, Medical Director for the North East Commissioning Support and board member of the ELM Federation (local GP federation). With another being the clinical lead for the local CCG.

Specific GP's within the practice were involved with other agencies to provided a range of health care, treatment and support to these agencies. This included a local refugee and asylum seeker agency.

The practice provided support to other practices within the south Tees CCG in terms of locum sessions to practices who were struggling to recruit GP's to a practice.

Two of the recent registrars had been awarded the 'Best GP Registrar Award'.