Yarm Medical Practice

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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Good ●
Are services responsive to people's needs?	Good ●
Are services well-led?	Outstanding ☆

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 21 October 2015. Overall the practice is rated as outstanding.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- There was a holistic approach to assessing, planning and delivering care and treatment to people who used the services.The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Staff actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review and accreditation were proactively pursued.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care.
- Patients said they were treated with compassion, dignity and respect and staff went the extra mile when patients required extra support.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they were meeting the needs of their patients.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients, staff and from the Patient Participation Group (PPG).

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. The building was designed to meet the needs of patients. The Patient Participation Group (PPG) was actively involved in the design of the building.
- Information about how to complain was available and easy to understand.
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place, monitored and regularly reviewed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to raise concerns and ideas.
- The leadership across the practice drove continuous improvement and staff were accountable for delivering change. There was a clear practice approach to seeking out and embedding new ways of providing care and treatment.

We saw several areas of outstanding practice including:

- The practice carried out annual Inflammatory Bowel Disease (IBD) testing. The term IBD is a group of inflammatory conditions of the colon and small intestine. One of the GPs was the IBD Clinical Champion for the CCG area and involved with the Gastroenterology team at the local acute hospital, to assess the possibility of using near patient testing to assess for IBD in primary care. The practice was the only GP practice in the country to do this and if the research is fruitful, this model may be rolled out to primary care nationwide.
- The practice worked collaboratively with the lead GP from a neighbouring practice to develop best practice mental health care plans which were then used for the care of patients across both practices. These plans advised clinicians on what they should be monitoring, questions they should ask patients about their condition and when they should refer patients to a consultant or acute care. We saw data that indicated the number of patients accessing mental health out patient's services had decreased since the care plan had been put in place.
- The practice used a screening tool to reduce polypharmacy and the prescribing of medicines that may cause side effects in older people. We saw that there was a reduction in admissions of older people to acute services from the previous year.
- The practice, in collaboration with a neighbouring practice had developed Clinical Standards for the care delivered in the care homes they visited. The Standards set out what care the patient and staff in the homes should expect and how they would monitor their effectiveness.
- The practice developed a range of templates and guidance for staff in the management of patients not included in Quality Outcome Framework (QOF). Examples of these were the care of patients suffering from coeliac disease.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. 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, people received reasonable support, truthful information, a verbal and written apology and 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 people safe and safeguarded from abuse. Risks to patients were assessed well managed, comprehensive, well embedded and recognised as the responsibility of all staff. There were nominated leads for safeguarding, medicines and health and safety.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services. 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. Evidence showed guidelines were positively influencing and improving practice and outcomes for patients. Data showed the practice was performing highly when compared to neighbouring practices in the CCG The practice used innovative and proactive methods to improve patient outcomes and it linked with other local providers to share best practice. The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care.

There was a holistic approach to assessing, planning and delivering care and treatment to patients who used the services. The safe use of innovative and pioneering approaches to care and how it was delivered were actively encouraged. The practice had developed additional evidence based templates to cover non QOF areas to ensure patients received the best care.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. 94% of patients would recommend this surgery to someone new to the area. Feedback from patients about their care and treatment was consistently and strongly positive. We observed a strong patient-centred culture. Staff were motivated and

Summary of findings

inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. The practice contacted all patients within 48 hours of a bereavement to offer ongoing support. We were told that many patients with extra needs nearing the end of life had their named GPs telephone number and email address to enable them to contact them out of hours. We saw that all newly diagnosed cancer patients were contacted by their named GP. We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. Views of external stakeholders were very positive and aligned with our findings. We saw examples of joint working with other practices, the local trust and other professionals.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified. Examples of these were dementia care, care of people in care homes and end of life care. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. The PPG had been actively involved in the design and planning of the new practice building three years ago to ensure they met with the needs of patients. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding

The practice is rated as outstanding for being well-led. It had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. The practice reviewed this every six months to review developments and progress. High standards were promoted and owned by all practice staff, and teams worked together across all roles. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.

The practice carried out proactive succession planning and the successful recruitment of staff.

There was a high level of constructive engagement with staff and a high level of staff satisfaction.

The practice gathered feedback from patients and it had an active PPG which influenced practice development.

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

Outstanding ☆

The practice is rated as outstanding for the care of older people. The practice had introduced a number of initiatives to improve the care of older people. They had identified an increasing number of older people and organised care to better meet their needs. Due to the additional number of older people the practice had recruited an additional full-time nurse practitioner to improve capacity.

The practice, with neighbouring practices had initiated a system to address polypharmacy in older people. The practice also used a tool to calculate Anti-Cholinergic Burden Score for each patient over 75. This alerted clinicians to the use of inappropriate medicines for this age group. The Anticholinergic Cognitive Burden Scale alerted clinicians to medicines that should be avoided which may worsen pre-existing conditions such as dementia. The practice was able to demonstrate that this intervention had led to a reduction in the prescribing of certain medicines and the associated side effects.

The practice provided regular ward round visits to the local care homes as part of a scheme initiated by the CCG. We saw that the GPs were visiting the care homes over and above this; often several times a week. The practice had initiated named GPs going into each care home in their area for the past ten years. In addition to this, the practice worked with a neighbouring practice to devise a Care Home Quality Standard. Measurable outcomes had been agreed to monitor the effectiveness of the agreed quality standards. For example reviewing the percentage of patients who had had a multi-disciplinary follow up assessment after admission within eight weeks. The document also stated what patients and staff in the care home should expect and promoted the best interests of the patient.

The practice had systematically implemented emergency health care plans, avoiding admission plans and do not attempt resuscitation (DNAR) to reduce burdensome interventions and unnecessary admission to acute care. We saw the information was evidence based and provided guidance to clinical staff. An example of this was when to refer patients for further investigations. We saw evidence of reduced inappropriate admission to acute care for this patient group. The practice also worked collaboratively with community matrons who managed patients in their own homes.The community matrons and district nurses who visited patients met monthly with the GP partners to review patients. In addition to this the nurse practitioners and HCAs visit patients in their own homes to provide chronic disease management and immunisations such as shingles, flu and pneumonia.

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People with long term conditions

Outstanding 

The practice is rated as outstanding for the care of people with long-term 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 named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. One of the GPs with palliative care training had contributed to the current pro-forma used across the Northern Region for End of Life Care. The practice consequently had low admission and prevalence rates compared with the locality for such conditions such as asthma, chronic heart disease, stroke and diabetes.

Families, children and young people

Good 

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. We saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice held a baby clinic weekly. The Health visitor also held clinics at the same time in a nearby local authority building We saw good examples of joint working with midwives, health visitors and school nurses. The health visitor attended the monthly multidisciplinary meetings. We saw there was a weekly well women drop in clinic which provided contraceptive advice including the fitting of intrauterine devices and contraceptive implants. Two of the nurse practitioners were completing their training to enable them to insert implants.

Working age people (including those recently retired and students)

Good 

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been 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. The practice participated in healthy heart

Summary of findings

and lung checks for patients aged 40 to 70 years. All new patients are offered a Health check on registering. The practice provides a travel clinic and offered Yellow Fever vaccines to patients both registered and not registered.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances such as those with a learning disability. It had carried out annual health checks for people with a learning disability and 65 % of these patients had accepted the invitation. It offered longer appointments for people with a learning disability. We saw the practice staff had recently undergone training to improve the management of those patients with learning disabilities.

The practice regularly worked with multi-disciplinary teams and the community matron in the case management of vulnerable people. It had told 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 produced an easy read and Braille version of the practice leaflet and a hearing loop had been installed in the building. One of the patients with sight loss was currently reviewing the large print patient leaflet and information in Braille to ensure it met the needs of visually impaired patients. There was disability access throughout the building.

People experiencing poor mental health (including people with dementia)

Outstanding

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia). There were 91 patients on the mental health register, all had been offered a review and 39 patients who were assessed as suitable had had an individual care plan developed specific to their needs. We saw the practice had developed their own detailed care plans for specific mental health conditions and this included advice, guidance and what help and support was available locally for each condition. There was a marked decrease of patients accessing mental health outpatient services this year. Patients experiencing poor mental health had an annual physical health check and regular reviews. The

practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice also hosted a drop in service for those patients with alcohol problems.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The on call GP was always available to speak with patients in crisis. The practice liaised with the Samaritans organisation to update patient information making this available to patient. There was a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

During the year the practice had invited patients with anxiety and depression to see a mental health worker. The aim was to provide patients with a review of their symptoms and help with self-management plans and signposting to appropriate agencies. The practice had a low admission rate for patients with mental health problems into secondary care.

Staff had received training on how to care for patients with mental health needs and dementia. There were numerous educational sessions held in the practice including those from a Psychiatric Consultant. We saw the staff were in the process of becoming dementia friends. They supported dementia patients from new diagnosis through the different stages of the disease.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was mostly performing above local and national averages. There were 116 responses and a response rate of 43%.

- 82% find it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 72%.
- 87% find the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 55% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 62% and a national average of 60%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 94% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 68% describe their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73%.
- 72% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 70% and a national average of 65%.
- 65% feel they don't normally have to wait too long to be seen compared with a CCG average of 65% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional

care and the majority of patients said they felt listened to and involved in decisions about their treatment. Patients informed us they were treated with compassion and that staff

went the extra mile to provide care when patients required extra support. We also spoke with two members of the PPG who told us they were extremely happy with the care they had received and how the practice consulted them on practice developments.

Yarm 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, a practice manager specialist adviser and an Expert by Experience

Background to Yarm Medical Practice

Yarm Medical Practice is located in a residential area of Yarm. There are 13188 patients on the practice list and the majority of patients are of white British background. There are a higher proportion of older patients on the patient list compared to the practice average across England. The practice is training and teaching practice having up to four registrars at any one time. There are seven GP partners' four GP partners (female), and three GPs (male). There are three nurse practitioners, three practice nurses, two health care assistants and a phlebotomist (all female). There is a practice manager, reception, secretarial and other administration staff.

The practice is open 8am to 6pm, Monday to Friday. The practice provides extended hours on Tuesday evening until 8pm and on Saturday mornings between 8am and 11.30am. Extended hours appointments are by appointment only. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by Northern doctors via the NHS 111 service. The practice has a General Medical Service (GMS) contract.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

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

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

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

Detailed findings

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

The inspector :-

• Reviewed information available to us from other organisations e.g. NHS England.

• Reviewed information from CQC intelligent monitoring systems.

• Carried out an announced inspection visit on 21 October 2015

• Spoke to staff and patients.

• Reviewed patient survey information.

• Reviewed the practice's policies and procedures.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident of digoxin toxicity in older people, this is when the patient has taken too much digoxin. The practice researched and disseminated a clinical update to all clinical staff about digoxin toxicity. They undertook an audit and liaised with the practice pharmacist about reviewing digoxin prescriptions in the elderly.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and a deputy. 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 relevant to their role. GPs were trained to Safeguarding level 3.
- A notice repeatedly shown on the television screens in the waiting rooms advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. The practice was low prescribers of antibiotics and hypnotics and continually monitored prescribing. Data demonstrated that the practice performed well on all prescribing indicators and under budget. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with Legislation. The practice had a system for production of Patient Specific Directions to enable HCA's to administer vaccinations. The HCAs had undergone training and supervision to ensure they were safe in administering these medicines.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Good

Are services safe?

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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control and legionella. There was a nominated health and safety lead that also monitored the maintenance of the building and work environment.

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 manager continually monitored this. They ensured that there were staff available with the right skills to monitor and support those receiving training and teaching from the practice.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice 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. The practice had identified another practice which they were working with collaboratively to ensure all business continuity plans were effective and robust. The practice had continually reviewed this process with the neighbouring practice. They had established how they would accommodate staff and patients for a period of time. The details also included checking their ability to access their patient records and use their own IT systems.

Outstanding ☆

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. There was a holistic approach to assessing, planning and delivering care and treatment to patients who use the services. The safe use of innovative approaches to care and how it was delivered were actively encouraged. New evidence based technologies were used to support the delivery of high quality care.

- 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 peoples' needs. The practice had a proactive approach to education, ensuring all staff were kept up to date.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review and accreditation were proactively pursued. The practice used the information collected for the Quality 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 558.7of the total number of points available with a 7.1% overall exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the CCG and national average. For example, the percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1September to 31 March was 97.05% compared to 93.5% nationally. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94.45% compared to the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 88.4% which was above the national average of 83%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93.5% which was above the national average of 86%.
- The dementia diagnosis rate was 89.7% which was above the above the national average of 88.3%.

Clinical audits demonstrated quality improvement.

There had been eight clinical audits completed in the last two years where the improvements made were implemented and monitored. All of these were completed audits.

Examples of these included a review of the therapeutic management of stroke risk in patients with atrial fibrillation in accordance with the stroke risk profile and current guidelines in order to improve stroke outcomes and the prescribing of Trimethoprim. Trimethoprim is an antibiotic used in the treatment of urine infections UTI's.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result of a Trimethoprim audit. The audit established a considerable improvement in adherence to the national guidelines recommending a three day course for simple UTIs in adult women by the practice. In one year the practice moved from 53% to 78% prescribing of a three day supply of Trimethoprim. The second audit cycle also identified a number of significant events were although there was no growth of infection on culture, the red blood count (RBC) was elevated but not followed up. The practice ensured that processes where put in place to raise awareness with the clinicians and ensure all patients with a raised RBC were followed up.

Another audit was undertaken to look at diagnosis of diabetes and management of those patients displaying symptoms of pre-diabetes. Information about patients'

outcomes was used to make improvements such as the practice was aware that they had a low prevalence of diabetes which maybe a reflection of the practice population. However the practice decided to review their process for diagnosis in light of new guidance. The audit highlighted an inconsistent approach across the team which often required multiple patient visits and blood tests. The practice now used a standardised process to improve the management of this condition and appropriately identified those patients with pre-diabetes. They were given information and invited to see the nurse for advice on interventions that may reduce the chance of full diabetes developing. These patients were also recalled annually for blood tests to monitor their risk of developing diabetes.

The practice produced an easy read and Braille version of the practice leaflet and a hearing loop had been installed in the building.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The continuing development of staff skills, competence and knowledge were recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice.

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The staff were mentored and supported through their induction processes. The programme covered all aspects of working as part of the team and the safe management of patients.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. We saw that many of the team had been supported and mentored helping them complete National Vocational Qualifications NVQs, Diplomas and Degrees.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of GPs. The majority of staff had completed formal appraisals within the last 12 months. However we saw that three members of staff had received informal support and mentoring. We spoke with these staff who told us they felt fully supported and understood their role and objectives in the practice
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of training events and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. We saw that following a significant event analysis the practice had identified a further training need in the up to date management of a clinical condition. The practice had invited a consultant from the local hospital into the practice to update staff and discuss treatment options. We saw other examples of hospital consultants being invited into the practice, such as psychiatric and diabetes consultants. The practice were proactive in sharing and providing information to patients.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. This included care and risk
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. To enable patients prompt access to choose and book the practice secretaries who arranged this were in an office behind the reception area and had direct access to an interview room to arrange the

referral with patient present before they left the practice. We saw evidence that multi-disciplinary team and palliative care meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice had identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and alcohol addiction. Patients were then signposted to the relevant service. The practice also provided some services in house such as counselling.

- When it had been identified that the local service offering smoking cessation no longer had premises in which to operate from, the practice offered the service accommodation to enable them to continue to offer this service. This ensured patients had access and support to the service close to home.
- The practice developed additional templates to cover non QOF areas to ensure patients received the best care. An example was coeliac disease reviews. The templates the practice developed also provided staff with a reminder as to what blood tests needed to be undertaken annually.
- The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 78%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice had also increased the number of nurses in the practice offering more available times. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- The practice carried out Inflammatory Bowel Disease IBD and one of the GPs was an IBD Clinical Champion and involved with the Gastroenterology team at the local acute hospital to assess the possibility of using near patient testing to assess for IBD in primary care. This was shared across the CCG area. The practice told us they were currently the only GP practice in the country to do this and if the research was fruitful, this model may be rolled out to primary care nationwide.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.5% to 99.1% and five year olds from 89.5% to 95.2%. Flu vaccination rates for the over 65s were 78.97%, and at risk groups 47.5%. These were comparable to CCG and national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people with dignity and respect. Patients were respected and valued as individuals and empowered as partners in their care.

- 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 and that 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. Receptionist also used this room to confidentially arrange choose and book referrals.

All of the 26 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Feedback form patients who used the service and those who are close to them was continually positive about the way staff treated patients. Patients think that staff go the extra miles and the care they receive exceeds their expectations.

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

- 88% said the GP was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 92% said the GP gave them enough time compared to the CCG average of 87%, national average 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 95%, national average 95%.
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85%, national average 85%.
- 83% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92%, national average 91%.
- 87% said they found the receptionists at the practice helpful compared to the CCG average of 89%, national average 87%.

Care planning and involvement in decisions about care and treatment

Patients who use the service were active partners in their care. Staff were fully committed to working in partnership with patients and making this a reality for each patient. Staff always empowered patients who use the service to have a voice and their individual preferences and needs were always reflected in how care was delivered. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. The practice population described themselves as 99% speaking English as their first language according to the last census. We saw notices in the reception areas and on the television screens informing patients this service was available.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Patient's emotional and social needs were seen as important as their physical needs.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 patients in the practice that had identified themselves as carers. Written information was available to direct carers to the various avenues of support available to them. The practice were proactive in identifying and supporting cares.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and to answer questions, to minimise the distress and maintain on going relationships. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and if needed provide them with advice on how to find a support service. The practice had a counselling service available in the practice. The counsellor was employed by the practice.

They ensured that the named GP contacted patients with a new diagnosis of cancer to offer support to them and their families. Some patients were given the GPs home telephone numbers and email addresses to facilitate communication, care and support of the patients. The practice had GPs with additional qualifications in palliative care and one GP has been involved the development of the Care of the Dying documentation for the CCG.

Patients had been involved in the developing of emergency health care plans to support them when future problems occurred. The practice staff had commenced training as 'dementia friends' programme developed by the Alzheimer's society to help interactions with patients in the early and later stages of dementia.

The practice staff and PPG were actively involved in raising funds for charity and to pay for operations for those disadvantaged from other countries.

Good

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 CCG to secure improvements to services where these were identified. For example, there was evidence of joint working in the management of elderly patients, care of the dying and emergency planning.

The practice offered extended hours opening on one evening a week and also on a Saturday morning for working patients who could not attend during normal opening hours.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available if required. The practice was responsive to patients needs and had altered the entrance and reception desk to meet the needs of those patients in wheelchairs.
- The practice building was purpose built and had been designed to meet the needs of the patients and accommodate the future growth of the practice. The entrance area to the practice provided space for patients. There were large windows, and the wooden trim around doors and skirting was in a different colour to assist those with visual problems.
- There was car parking available for patients with a purpose built car park.

Access to the service

The practice was open between and 8am to 6pm Monday to Friday. Extended hours surgeries were offered at the following times on Tuesday until 8pm and on Saturday morning between 8am to 11.30 am and what time. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice changed the way they offered telephone access for patients as a result of a practice questionnaire in response to comments made by patients that they could not speak with their own GP. Previously the on call GP dealt with same day queries, now the patient's own GP dealt with any calls when they were working. Online booking of appointments are available but the uptake of this facility has been limited.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 82% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 68% patients described their experience of making an appointment as good (CCG average 73%, national average 73%.
- 72% patients said they usually waited 15 minutes or less after their appointment time (CCG average 70%, national average 65%).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated GP and the practice manager responsible for handling all complaints in the practice. The designated GP was the lead.
- We saw that information was available to help patients understand the complaints system which included leaflets and posters displayed.

We looked at 23 complaints received in the last 12 months. There were two verbal, 16 written and five via email. We found these were satisfactorily handled, and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. An example of this was following a

Good

Are services responsive to people's needs?

(for example, to feedback?)

complaint where a patient experienced difficulties getting through to the practice on the telephone further resources were put in place by the practice to ensure this did not happen in the future.

Are services well-led?

Outstanding ☆

(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 strategy and supporting objectives are stretching, challenging and innovative, while remaining achievable.

- The practice had a mission statement and a vision that the staff knew and understood.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored and updated.

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 through systems of regular review.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- The management team had bi-annual planning meetings to review progress with current plans and further development requirements.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The leadership team have an inspiring shared purpose, they strive to deliver and motivate staff to succeed.

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.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- The management team had bi-annual planning meetings to review progress with current plans and further development requirements.
- 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.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice involved the PPG in developing the practice survey each year. The practice questionnaire for this year focused around the increasing demand on the NHS and access to services. Examples of these were asking patients if they were aware of and used NHS Choices website, local pharmacist, NHS111 and NHS walk in centres. The majority of the responses confirmed patients knew about the service but not all had used them. The

Are services well-led?

Outstanding ☆

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

practice were encouraging patients, were possible towards self-help and provided links in these services on their website and practice newsletter. We saw that over 600 patients had signed up to receive the practice newsletter.

- The practice had gathered feedback from patients through the PPG and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had been involved in the contributing ideas for the new building, advised on the seating layout in the waiting room, improving access for wheelchair users and privacy at the reception desk. The PPG were also involved in fund raising, providing feedback on such areas as the practice logo and electronic prescribing.
- The practice gathered feedback from staff through staff meetings, appraisals and discussion. We saw that there was a daily GP coffee break meeting. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We noted an emphasis in the practice on good communication to help clinical care and maintain good working relationships and staff support. Staff told us they felt involved and engaged to improve how the practice was run.

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 part of local pilot schemes to improve outcomes for patients in the area. For example Clinicians in the practice were involved in local and national developments such as near testing IBD.

There was a strong collaboration and support across all staff and a common focus on improving quality of care and patients experience. The leadership drives continuous improvement and staff are accountable for delivering change. Safe innovation is celebrated and there is a clear approach to seeking out and embedding new ways of providing and improving care and treatment.

There are high levels of staff satisfaction. Staff are proud of the organisation as a place to work and speak highly of the culture. There are consistently high levels of constructive staff engagement and staff at all levels were actively encouraged to raise concerns.

- The practice was working with a local GP practice are addressing the problems older people face when they were taking four or more medicines, especially those with particular side effectsto see if any reductions or changes could be safely made . This work was planned to be evaluated at the end of the year.
- The practice developed standards of care for patients in care homes, with a neighbouring practice. The standards include, emergency health care plans, unplanned admission reviews and formal medication reviews with the practice pharmacists. The standards also detailed what the care homes should expect from the practices and how their effectiveness would be assessed.To assist in the growing older population the practice had employed an additional nurse practitioner.
- The practice was proactive in sharing audits, learning from significant events and initiatives across the CCG area.
- The practice developed a range of templates and guidance for staff in the management of patients not included in Quality Outcome Framework (QOF). Examples of these were the care of patients suffering from coeliac disease. The templates also provide evidence based information on how these patients should be effectively supported.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they were meeting the needs of their patients. The practice reviewed the local census information and other local information to understand and plan services to meet the needs of their patients. An example of this was the expected practice population due to planned build of new housing estates.
- The practice carried out annual Inflammatory Bowel Disease IBD as one of the GPs was an IBD Clinical Champion and involved with the Gastroenterology team at the local acute hospital to assess the possibility of using near patient testing to assess for IBD in primary care. This had been rolled out to practices across the CCG. The practice told us they were the only GP practice in the country to do this and if the research is fruitful, this model may be rolled out to primary care nationwide.

Are services well-led?

Outstanding ☆

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

- The practice not only provided training and teaching to medical students and GP trainees, they also offered a placement to pharmacy students and were expanding to include student nurses.
- The practice had GPs with additional qualifications in palliative care.One of these GPs has been involved in the development of the Care of the Dying documentation to be used across the CCG area.

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