

# Hart 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hart Medical Practice on <4 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The patients said they were able 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw two areas of outstanding practice:

- The practice offered a fast response for patients suffering from exacerbation of chronic obstructive pulmonary disease (COPD). Patients were offered open access to the practice were they were fully assessed and if indicated treated and monitored in the practice with nebulisers and oxygen if required. This process meant that patients were reassured and there was a reduction in admissions to hospital for exacerbation of COPD.
- The practice have employed a medicines management team of three staff who deal with all aspects of the patients medication working alongside the clinical commissioning group( CCG) pharmacist and technician . The team were available to patients, pharmacies, community staff and care

# Summary of findings

homes. They were able to deal with queries or concerns they may have with their medication. Patients were positive about this service and the scheme has been shared and adopted by local practices.

The areas where the provider should make improvement are:

- Ensure the recruitment policy is followed

- Ensure there is a process in place to monitor staff training.
- Ensure information is securely stored in the consulting rooms.
- Ensure there are dates for review and follow up of actions following significant events.

**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



- There was an effective system in place for reporting and recording significant events, however it was not always clear when actions would be followed up and by whom.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients receive 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 and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were average for the locality.
- 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. However we noted that clinical supervision for nurses was currently peer review and not recorded.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice average for aspects of care.
- 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.

# Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice was proactive in identifying and supporting carers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice 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. Examples of these were promoting alcohol services, improving medicines management and improving the care of patients with learning disabilities.
- The majority of 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. However some patients found it difficult with problems getting through to the practice via the telephone. In response to this information the practice has been identified for a new telephone system. The practice also removed previous restrictions for the appointment line that existed. The appointment line was no longer closed during lunch time. The practice was continually monitoring these using surveys that they plan to repeat at the end of the year to establish if this has been effective.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular management meetings.

Good



# Summary of findings

- 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 knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on, the practice often conducted their own patient surveys outside of the national surveys. The patient participation group was active and committed to improving the patient experience.
- 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 offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits, urgent and extended appointments for those with enhanced needs.
- The practice identified poorly patients who required open access to the clinician. Patients at high risk of hospital admission have a personalised care plan which is reviewed every three months or sooner if necessary.
- Every patient over 75 has a named GP.
- Patients who are carers are identified and added to the carers register. Information about support groups and useful contact details was provided.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice offered a fast response for patients suffering from exacerbation of chronic obstructive pulmonary disease (COPD). Patients were offered open access to the practice were they were fully assessed and if indicated treated and monitored in the practice with nebulisers and oxygen if required. This process meant that patients were reassured and there was a reduction in admissions to hospital for exacerbation of COPD.
- We saw that the practice had received recent education sessions delivered by consultants from the local acute trusts in areas such as diabetes, weight management, atrial fibrillation and dermatology. The proportion of patients on the diabetes register with a record of foot examinations in the preceding 12 months was 92% which is above the national average of 88%.
- Longer appointments and home visits were available when needed.

# Summary of findings

- All these patients had a named GP and a structured annual review to check that their health and medicines 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.

## 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The proportion of women aged 24 -64 who had been cervical screening performed was 83% which is above the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice also had a list of patients with open access to the practice, such as poorly babies.
- We saw good examples of joint working 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).

- 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 reflects the needs for this age group. However currently only 21 patients have registered for online appointments.
- The practice offers patients aged 40 to 74 year old a cardiovascular disease CVD check and all patients over 35 who smoke are offered a lung health check.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability (LD).
- It offered longer appointments for people with a learning disability. The practice also worked with local agencies to complete a hospital passport for patients with LD, this contains relevant up to date health and care information about the patients which would help clinicians care for them in hospital.
- The practice with the local ambulance also offered patients with LD the ability to register with them. This meant that should they ever require an emergency ambulance they would be identified as vulnerable.
- The practice regularly worked with multi-disciplinary teams 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.

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

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

Good



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The proportion of patients with mental illness and other psychosis who have had a comprehensive agreed care plan documents in the last 12 months was 96% compared with the national average of 86%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on July 2015. The results showed the practice was performing just below the local and national averages. 344 survey forms were distributed and 115 were returned.

- 67%% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%. The practice had worked with patients to improve telephone access and were monitoring patient satisfaction in this area.
- 85% found the receptionists at this surgery helpful (CCG average, national average 87%).
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 89% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 72% described their experience of making an appointment as good (CCG average 73%, national average 73%).

- 57% usually waited 15 minutes or less after their appointment time to be seen (CCG average 70%, national average 65%).

The practice recognised that some of these scores were below average and had repeated the survey following improvements. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 51 comment cards which were all positive about the standard of care received. However we received eight comment cards that although there were positive elements patients commented about the waiting times for appointments and rude attitude of some clinical staff.

We spoke with eight patients during the inspection. All of these patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. However three patients commented about appointments running late and not always being kept informed.

# Hart 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 advisor, a second CQC inspector, and a practice manager specialist advisor, and an Expert by Experience.

## Background to Hart Medical Practice

Hart Medical Practice is located in the north of the town in a deprived area of Hartlepool. There are 9150 patients on the practice list and the majority of patients are of white British background. There are a higher proportion of patients between the ages of 44 to 65 on the patient list compared to the practice average across England. There are four GP partners' two GP partners (female), and two GPs (male). There are one nurse practitioners, two practice nurses, two health care assistants and one phlebotomist (all female). There is a practice manager who is also the lead nurse and is supported by an assistant practice manager. The team are supported by reception, medicines management, secretarial and other administration staff.

The practice is open 7.30 am to 5.30 pm, Monday to Friday. The practice provides extended hours on Monday evening from 6.30 until 8pm and from 7.30 to 8am Monday to Friday. 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 inspected this service as part of our new comprehensive inspection programme.

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

### How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 November 2015. During our visit we:

- Spoke with a range of staff, GPs, nurses and administration staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and family members
- 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?

# Detailed findings

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. However it was not always clear who was responsible for actions and when they would be reviewed.

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, we saw that following a recent SEA further training had been provided to staff such as understanding the Mental Capacity Act recommendation and assessing patient's capacity.

When there are unintended or unexpected safety incidents, patients receive 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 lead administration staff identified to support and monitor 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 relevant to their role and were able to provide examples. GPs were trained to Safeguarding level 3.
- A notice in the waiting room 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 has employed a medicines management team who deal with all aspects of patient's medication working alongside the clinical commissioning group (CCG) pharmacist and technician. The team were available to patients, pharmacies and community staff and care home to deal with queries or problems they may have with their medication. Patients were positive about this service and the scheme has been shared and adopted by local practices. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed four personnel files and found that the majority of 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. However we saw that two references had not

## Are services safe?

always been obtained and where telephone references had been obtained they information had not been retained. Pre-employment medical questionnaires were not completed and there were no records of immunisations offered or declined.

### 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. 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 and infection control and legionella.
- 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 and assistant manager told us this was continually monitored. The practice do not routinely employ locum GPs as the other GPs provide the cover by working extra hours.

### 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. There was also an emergency button on the desks to raise the alarm. Following incidents investigations had been completed to improve staff safety.
- 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.

# Are services effective?

## (for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.
- 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

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 559 of the total number of points available, with 12.2 clinical exceptions reporting this is above the CCG and national average. 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 above the CCG and national average.  
All the 86 points were achieved they were 4.9 % above CCG Average, 10.8 % above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 86% which was better than the CCG of 82% and national average 81%.
- Performance for mental health related indicators was better than the CCG and national average at 100%.
- The dementia diagnosis rate was 96% above the CCG of 86% and national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- 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 included ensuring assessments and scoring systems are used to help physicians estimate stroke risk in patients with atrial fibrillation and determine which antithrombotic therapy is most appropriate. The practices were also running monthly searches of all patients with atrial fibrillation to ensure this was adhered to.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However the practice did not have an overall training matrix which allowed the manager to see at a glance what training was required by individual staff, when it was completed or due for renewal.

# Are services effective?

(for example, treatment is effective)

## 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. Information such as NHS patient information leaflets were also available.
- 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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a three monthly basis and that care plans were routinely reviewed and updated. We saw that the district nurses often visited the practice on a daily basis and there were regular discussions with staff.

## 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. We saw that following an investigation of a SEA the practice had held in house training for staff to help them understanding and assess a patient's mental capacity.
- The process for seeking consent was monitored through records and audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

## Health promotion and prevention

The practice 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 weight management. Patients were then signposted to the relevant service.
- The practice had access to smoking cessation advice and alcohol management was available from a local support groups.

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 92%, 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 99% and five year olds from 94% to 98.9%. Flu vaccination rates for the over 65s were 61.3%, and at risk groups 41.3%. These were also below the CCG and national averages. The CCG average was over 65s figure 73.2% and the under 65s was 50.8%. In response to this the practice had increased flu clinics, the GPs undertook opportunistic vaccination and no patient arriving at the practice for vaccination was turned away. The practice system indicated that there had been an improvement to 67% for the over 65s.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 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.

All of the 51 patient CQC comment cards we received were positive about the service experienced. However eight of the comments although positive about the care included dissatisfaction with access to appointments and the attitude of some clinical staff. On the whole 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.

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

- 84% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 82% said the GP gave them enough time (CCG average 87%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)

- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 85% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

### Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive however the national survey results were below average. The practice had responded by undertaking further surveys which demonstrated an improvement.

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

- 80% 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%.
- 78% 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. We were told us that the only patients in the practice who did not have English as their first language were Spanish and one of the GPs was Spanish and able to translate.

### 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 330 carers on the

## Are services caring?

practice carers register. Written information was available to direct carers to the various avenues of support available to them. The practice communicated regularly with the local carers groups.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Examples of these were improving the management of patients with learning disabilities and reducing the waste of medicines.

- The practice offered a 'Commuter's Clinic' on a Tuesday to Friday between 7.30 and 8.00 am and on Monday evening from 6.30 pm until 8.00pm for working patients who could not attend during normal opening hours. The sessions are provided by GPs and by nurses for minor ailments.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and those who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, automated doors, a hearing loop and translation services available. Following a health quality visit in 2014 the practice increased signage for the blind and partially sighted.
- The practice also works in partnership with other organisations to continually update hospital passports for those with learning disabilities.

### Access to the service

The practice was open between 7.30 am and 5.30 Monday to Friday. Appointments were from 7.30 am to 8.30 and 8.30 to 10.30 every morning and 13.30 to 16.30 daily. Extended hours surgeries were offered at the following times on Tuesday to Friday between 7.30 to 8 am and on a Monday from evening between 6.30 and 8.00 pm. 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.

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.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 67% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 83% patients described their experience of making an appointment as good (CCG average 85%, national average 85%).
- 57% 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 responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the web site and summary leaflet available etc.

We looked at 12 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. We saw that the practice responded using openness and transparency when dealing with the complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following an incorrect invitation for vaccination the practice introduced a process to check all patient details for recall and warning messages are correct.

# 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 which was displayed in the practice information booklet and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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 that 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
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always takes the time to listen to all members of staff.

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 gives 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 that the practice held team meetings. However we were told the practice meetings were not always regular but that they were kept updated and there was regular dialogue with staff. The majority of staff were housed in an open office with the manager which facilitated good communication.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues and were confident in doing so and felt supported if they did.
- 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met every six months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, improving car parking, and updating the patient information to include self-management.
- 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.

# Are services well-led?

Good 

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

## 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. The practice had shared their initiative in providing the medicines

management team that patients, pharmacies and other services could access with practices in the CCG area. We saw that other practices had visited the practice to see how the service worked providing support to patients, dealing with medication issues, cost saving and reducing waste.