

# Peaseway Medical Centre

## Quality Report

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Date of inspection visit: 20 July 2016  
Date of publication: 19/09/2016

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 Peaseway Medical Centre on 20 July 2016. 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 been trained to provide them with 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. However, when we asked why there was no information on display to

advise patients how to complain, we were told patients were expected to ask a member of staff. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and 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. This despite the recent departure of the practice manager and a temporary management team of the ex-manager and the office manager being in place. 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.

The areas where the provider should make improvement are:

- Arrange to secure the oxygen cylinder in the treatment room.

# Summary of findings

- Display the complaints procedure in main reception.

**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.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, including safeguarding patients from the risk of infection.
- We found a number of blood coagulation control phials in an overflow fridge dated May 2016. There were no other items found in the fridge and these were removed immediately.
- We found a small oxygen bottle standing upright on the floor in the treatment room, which was not safely secured, presenting a potential risk to staff and patients.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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 for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

# Summary of findings

- 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. We were not able to find advice on display informing patients how to make a complaint. We discussed this with the office manager and a receptionist, who told us patients were encouraged to approach a member of staff should they wish to complain. This was to be rectified straightaway. We were also not able to see a poster in reception informing patients how to request a chaperone. The manager told us this would be rectified immediately. These notices were however on display in each clinical room.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff 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. This included participating in the 'Plan for Life' (PfL) project. This was developed by the practice, together with four others in the area and its Patient Participation Group (PPG), in conjunction with the County Durham and Darlington Foundation Trust (CDDFT). The objective being to bring together the various strands of health and social care providers with a view to determining the most appropriate service provision for the 40,000 patients in the CDDFT catchment area.
- Patients said they found it easy to make an appointment with a named GP and 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.
- 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.

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Despite recent managerial changes, there was a clear leadership structure and staff felt supported by management. We noted that a newly appointed practice manager would be commencing their duties on 1 August 2016. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The PPG was active and were also playing an active role in the Pfl project.
- 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

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. A weekly clinic was held specifically for this group of patients. The practice was using telephone consultations effectively. This enabled this group of patients to obtain support and to discuss their current health care needs, without the need to come into the surgery. In addition, the advanced nurse practitioner was offering support to care homes on a daily basis.
- Care plans and health checks were in place, with regular medicine reviews carried out.
- The building was accessible for patients who may have mobility problems.
- Patients with complex needs were discussed at multi-disciplinary team meetings, to ensure their needs were met.
- Referrals to other services were regularly made, for example to the district nursing team or the community matron service.
- The practice identified carers and offered services such as annual health checks and annual flu vaccinations.

### People with long term conditions

Good



The practice is rated as good 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.
- Performance for diabetes related indicators was better than the national average. The practice offered insulin initiation services and as part of the Plan for Life project, the practice was keen to support the CCG initiative around the long-term care of patients with diabetes. A GP, who had a diploma in diabetes, had a formal role in supporting the nurses in the management of their diabetic patients,
- 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 their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There was an emphasis on educating and informing patients about how to look after themselves in order to maintain good health. The practice offered a smoking cessation service, due to them having a higher than average number of patients with smoking related illnesses and acupuncture clinics were also available.
- Regular palliative care meetings were held to discuss patients with cancer and long term chronic conditions.
- The practice's pharmacy advisor was supporting the practice team with discharge medications, medication queries and repeat medication authorisations.
- The practice was also making accommodation available for visiting professionals such as, chronic heart disease, heart failure and mental health. This offered an alternative to hospital based care.

## Families, children and young people

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

- Immunisation rates were relatively high for all standard childhood immunisations.
- 80% of patients with asthma, on the practice register, had had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 routine clinical practice (RCP) questions. This compared to a national average of 75%.
- 82% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This compared to a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a dedicated child and adult safeguarding lead. Safeguarding training had been provided for practice staff.
- Childhood immunisations were undertaken and strongly encouraged by GPs when carrying out six-week checks on babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good





# Summary of findings

## 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 reflects the needs for this age group.
- Practice nurse and health care assistant appointments were available from 8.15am, with a limited number of emergency appointments available on a daily basis.
- Routine GP appointments were available to pre-book from 8.30am.
- NHS health checks were routinely encouraged.
- The practice was open from 8am to 6pm, with telephone lines opening at 8am. This meant patients could collect prescriptions or book appointments during their lunch hour. The practice also stayed open until 7.30pm on a Thursday evening and offered a Saturday morning surgery between 8am and 12.00pm for emergency appointments only.

## 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 offered 30 minute appointments for patients with a learning disability. The nurse practitioner would carry out reviews at the patient's home, including a local residential school for autism. GPs would also visit for acute problems.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had looked at its increasing number of patients from the travelling community and had arranged two specific staff training sessions to explore the specific health care needs of this group of patients.

# Summary of findings

## 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).

- 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 83% and the national average of 84%.
- 90% of patients with schizophrenia, bipolar effective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This is comparable with the CCG average of 89% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice offered accommodation for a counsellor to see referred patients on-site and also participated in a local suicide project.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 313 survey forms were distributed and 120 were returned. This represented 1% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were mostly positive about the standard of care received. Patients considered the quality of care as excellent and described all staff as caring and professional. They also felt they

were treated with privacy and dignity and told us the practice always felt clean and tidy. There were isolated comments relating to it sometimes being difficult to book an appointment.

We spoke with two members of the PPG during the inspection. They said they were satisfied with the care they received and thought staff were approachable, committed and caring. We were told about the active role played by the PPG in developing the Partner for Life project. Due to changes in the management of the practice over the past few months, the group had not met since December 2015. It was clear to us that the new manager would be looking to arrange for the group to meet regularly once again in the near future. In addition, we distributed 20 patient questionnaires on the day of our inspection, all of which were returned. These were generally very appreciative of the standard of care offered. There were isolated comments relating to appointments not running to time and the lack of an explanation or apology for this.

The practice invited patients to complete the NHS Friends and Family test (FFT). The FFT gives each patient the opportunity to provide feedback on the quality of care they received. We looked at the results for 2015. These indicated that patients were "extremely likely" to recommend the practice to their friends and family.

## Areas for improvement

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

- Arrange to secure the oxygen cylinder in the treatment room.
- Display the complaints procedure in main reception.

# Peaseway Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Peaseway Medical Centre

Peaseway Medical Centre is located in Newton Aycliffe, Co. Durham. The practice occupies a modern purpose built building. There are 11,359 patients registered with the practice. Parking is available on-site and on roads surrounding the practice. Disabled facilities are provided. There are six GPs working at the practice, five male and one female. Three are three partners and the others are salaried GPs. There are three nurse practitioners who are part-time, six part-time practice nurses and three part-time health care assistants. The office manager, who is full-time, is currently fulfilling the role of practice manager, pending the appointment of a new manager on the 1 August 2016. There is also a team of administrative staff.

The practice is part of NHS Durham Dales, Easington and Sedgfield Clinical Commissioning Group and provides services under a Personal Medical Services contract with NHS England.

The practice opening times are Monday to Friday 8am to 6pm, and 8am to 7.30pm on a Thursday. The practice also offers an emergency only surgery on Saturday morning from 8am to 12.00pm. The practice appointment times are:

Monday to Friday 8.30am to 11.20am and Monday, Tuesday, Wednesday and Friday 1.20pm to 5.40pm. Thursday from 4pm to 7.30pm.

Patients requiring a GP outside of normal working hours are advised to call 111 when they would be redirected to the urgent care centre at Bishop Auckland General Hospital.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 July 2016. During our visit we:

- Spoke with a range of staff including GPs, the office manager and the previous practice manager, a nurse practitioner, a practice nurse, a health care assistant and a receptionist and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

# Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence of safety alerts and significant events being discussed at both staff and clinical meetings, which showed that lessons were shared and action was taken to improve safety in the practice. For example, we were told about a patient who had been given two flu vaccinations and how this had been dealt with at the time, as well as action taken to avoid this happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs held regular liaison sessions with the health visitors, midwives and school nurse and always provided reports where necessary for other agencies. Staff demonstrated they

understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, as were the practice nurses and HCAs. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The senior practice nurse was the infection control lead. 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.
- We observed that a small oxygen cylinder had been left free standing in the treatment room, which presented a potential risk to patients and staff. The manager agreed to arrange for this to be securely stored.
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, who also provided an annual prescribing update, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice employed a part-time pharmacy advisor whose role was to support the practice team with discharge medications, medication queries and repeat medication authorisations.
- We found a number of blood coagulation control phials in an overflow fridge, which were out of date and these were removed immediately.

## Are services safe?

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found that in the main, appropriate recruitment checks had been undertaken prior to employment and appropriate checks made through the Disclosure and Barring Service. However, we noticed that there was no proof of identification or references in two of the files we looked at. We discussed this with the managers who were able to explain how this had happened and were able to demonstrate that more recently; the recruitment procedure had been followed appropriately.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had an up to date fire risk assessment and carried out regular fire drills. A risk assessment carried out by the fire service in March 2016 had raised issues and the practice had been proactive in arranging a further risk assessment carried out by a qualified fire safety assessor in May 2016. Recommendations and actions from both reports had either been completed, or were in the process of being so. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk

assessments in place to monitor safety of the premises such as the control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. One GP took specific responsibility for monitoring this information when it came into the practice and for any necessary follow-up action.
- 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 and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.6% of the total number of points available, with 7.4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting, or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1/04/2014 to 31/03/2015 showed:

- Performance for hypertension related indicators was comparable with the national average. For example, 87% of patients with hypertension had a blood pressure reading measured in the preceding 12 months of 150/90mmHg or less, compared to a CCG average of 85% and a national average of 84%.
- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients on the register, in whom the last blood pressure reading was measured 140/80 mmHg or less was 91% compared to a CCG average of 77% and a national average of 78%.

- Performance for mental health related indicators was similar to the national average. For example, 98% of patients with mental health conditions had their smoking status recorded in the preceding 12 months. This compared to a CCG average of 96% and a national average of 94%

There was evidence of quality improvement including clinical audit.

- We looked at three clinical audits completed in the last two years. All were completed audits where the improvements made were implemented and monitored.

Findings were used by the practice to improve services. For example, an antibiotic audit looking to reduce the number of prescriptions had been achieved, with particular areas of improvement targeting the elderly, including those in care homes and children. Another audit, which looked at the use of inhalers, had resulted in better use of the template on the computer system, the review of quantities on repeat prescriptions and how repeat prescriptions were set up on the system.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as 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. For example, for staff reviewing patients with long-term conditions and a nurse practitioner who had received training in coil fitting.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate



# Are services effective?

## (for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals, including district nurses, community matrons and the Macmillan nurse team, when care plans were routinely reviewed and updated for patients with complex needs.

### 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, recorded the outcome of the assessment.

- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and mental health. Patients were signposted to the relevant service. This included citizen's advice bureau and a suicide referral scheme. Facilities were also offered to visiting professionals such as chronic heart disease, heart failure and mental health, to provide a more local service and avoid visiting hospital.
- The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 78% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 95% to 99%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Of the 46 patient Care Quality Commission comment cards we received, most 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 spoke with two members of the patient participation group, who told us they were very 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 was similar or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw a notice in the reception area informing patients this service was available.
- Information leaflets were available in easy read format.
- A hearing loop was available.

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

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

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 635 patients as carers (6% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

# 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.

- There were 30 minute appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open between 8am and 6pm Monday, Tuesday, Wednesday and Friday and 8am to 7.30pm on a Thursday. Appointments were from 8.30am to 5.40pm and 8am to 7.30pm on a Thursday. Emergency only appointments were available between 8am and 12.00pm on a Saturday.

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

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

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

Reception staff would take a home visit request from the patient and the duty doctor would decide whether this request was appropriate. This may include a telephone assessment with the doctor. This allowed for clinical triage, as well as offering means of speaking with a GP to discuss care or concerns without the need for a face-to-face consultation

### 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 and an explanatory poster was displayed in the main waiting area.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled, and dealt with in a timely way. There was also an openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.

# 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 an up-to-date statement of purpose.
- The practice had a business development plan 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 was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held regular team meetings and we saw evidence of these at GP level and for the nursing team.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. 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 had gathered feedback from patients through recent surveys and complaints received.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. 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.
- The practice was working with the PPG to develop the Pfl project in the local area.

# Are services well-led?

Good 

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team to secure improvements to services where these were identified. This included weekly physiotherapy sessions and monthly nurse-led stoma and osteoporosis clinics.
- The practice had been proactive in setting up a process whereby they worked closely with local care homes, with regular visits or support, either from a GP or advanced nurse practitioner, to provide strong support for their patient's health needs.