

# Ashburn Medical Centre

## 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 Ashburn Medical Centre on 7 September 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.
- Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2014/15 showed the practice had achieved 99.8% of the points available to

them for providing recommended treatments for the most commonly found clinical conditions. The practice had a very high clinical exception reporting at 45.2% but there were some data errors discovered.

- 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. 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. 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.

# Summary of findings

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For 18 of the 19 clinical domains within QOF the practice had achieved 100% of the points available and for all the clinical areas, the practice achieved more of the points available than the CCG and national average. Following investigation by the local clinical commissioning group, data errors were identified, which resulted in some double counting within figures.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey (July 2016) showed patients rated the practice broadly in line with comparators than others for several aspects of care.

Good



# 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 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 to secure improvements to services where these were identified.
- The majority of 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 generally well equipped to treat patients and meet their needs. However, the practice did not have a hearing loop to support communication with patients with hearing impairment.
- Information about how to complain was available and easy to understand and evidence showed 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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.

Good



# Summary of findings

- 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 patient participation group was active.
- 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.
- Patients had regular reviews to check health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- The practice had identified the needs of families, children and young people, and put plans in place to meet them.

Good



# Summary of findings

- 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. Childhood immunisation rates for the vaccinations given were mostly higher than CCG averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 80.5%, which was slightly lower than the national average of 81.7% and the CCG average of 81.3 %. However, the exception reporting for this indicator was 53% with 1097 out of 2069 patients' exception reported. The CCG had found a data recording error with the exception reporting within the practice.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

## 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 and flexible. Extended hours surgeries were offered Tuesday to Friday from 7:30am for working patients who could not attend during normal opening hours.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. The practice had identified 1% of their population with a learning disability on a patient register to enable them to plan and deliver relevant services.

Good



# Summary of findings

- Patients with learning disabilities were invited to attend the practice for annual health checks and were offered longer appointments, if required.
- The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.
- Improved arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.

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

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

- The practice had identified 1.2% of their population with enduring mental health conditions on a patient register to enable them to plan and deliver relevant services.
- The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.
- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.
- The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.
- They 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. The practice carried out advance care planning for patients with dementia.

Good



# Summary of findings

## What people who use the service say

Generally, the GP Patient Survey published in July 2016 showed patients were satisfied with the service they received. For the practice, 87% of patients who responded were satisfied with their overall experience of the GP surgery. This was higher than the local clinical commissioning group (CCG) average of 86% and the England average at 85%. There were 294 survey forms distributed and 112 forms returned. This was a response rate of 38% and equated to 2.5% of the practice population.

Of those patients who responded:

- 74% stated they would recommend their GP Practice to someone who has just moved to the local area. This compared with a CCG average of 77% and a national average of 78%.
- 81% found it easy to get through to this surgery by phone. This compared with a CCG average of 79% and a national average of 73%.
- 89% found the receptionists at this surgery helpful. This compared with a CCG average of 90% and a national average of 87%.
- 86% were able to get an appointment to see or speak to someone the last time they tried. This compared with a CCG average of 82% and a national average of 85%.
- 99% said the last appointment they got was convenient. This compared with a CCG average of 94% and a national average of 92%.
- 82% described their experience of making an appointment as good. This compared with a CCG average of 75% and a national average of 73%.
- 65% felt they do not normally have to wait too long to be seen. This compared with a CCG average of 62% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 26 comment cards which were all positive about the standard of care received. Respondents used phrases such as very good, excellent, attentive, caring, safe and clean to describe the practice. They described staff as respectful, efficient, pleasant and supportive. Patients commented they their healthcare needs were met by the practice, and this was in a timely way. Although all the cards were positive, three also included some negative comments although there were no key themes to this feedback. Comments related to staff attitude of one or two members of staff and appointment availability.

We spoke with eleven patients during the inspection, of which five were members of the patient participation group. All eleven patients said they were happy with the care they received and thought staff were approachable, committed and caring.

The practice published the results of the national friends and family test (FFT) on their website. (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). Over the last five months, 100% of patients completing the test said they were 'likely' or 'extremely likely' to recommend the service to family and friends. This was as follows:

- April – 60% were extremely likely to recommend / 40% were likely to recommend
- May - 40% were extremely likely to recommend / 60% were likely to recommend
- June – Nil return
- July - 50% were extremely likely to recommend / 50% were likely to recommend
- August - 80% were extremely likely to recommend / 20% were likely to recommend

## Areas for improvement

# Summary of findings

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

- To review data recording processes to ensure clinical outcomes are accurately recorded to feed into national reporting systems.

# Ashburn Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor and a second CQC inspector.

## Background to Ashburn Medical Centre

The Care Quality Commission has registered Ashburn Medical Centre to provide primary care services.

The practice provides services to approximately 4,500 patients from one location, Ashburn Medical Centre, 74-75 Toward Road, Sunderland, SR2 8JG. We visited this location as part of this inspection.

Ashburn Medical Centre is a small sized practice providing care and treatment to patients of all ages, based on a General Medical Services (GMS) contract agreement for general practice. The practice is part of the NHS Sunderland clinical commissioning group (CCG).

Information taken from Public Health England placed the area in which the practice was located in the second most deprived decile. (A decile is a method of splitting up a set of ranked data into 10 equally large subsections). In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 74 years, which is five years lower than the England average and the average female life expectancy is 80 years, which is three years lower than the England average.

The percentage of patients reporting with a long-standing health condition is much higher than the national average

(practice population is 57.5 % compared to a national average of 54.0%). The percentage of patients over the age of 65 (at 20.5%) is higher than the England average of 17.1%.

The practice has three GP partners, all of which are female. There is also one salaried GP (female), a trainee GP (male), a practice manager, an assistant practice manager, a nurse prescriber (female), two practice nurses (female), one healthcare assistant (female) and seven administrative support staff. The practice is a training practice for trainee doctors, and third and fifth year medical students.

The practice is open between 8am to 6pm on a Monday, and between 7:30am and 6pm Tuesday to Friday. Reception services and phone lines are also available at these times. There is a local contract with the 111 service to provide telephone cover between 6 and 6:30pm. Appointments are available on a Monday from 8:30am to 11:30am and 1:30pm to 5:30pm. Tuesday through to Friday appointments are from 7:30am to 11:30am and 1:30pm to 5:30pm. Extended hours surgeries are offered four mornings a week from 7:30am (Tuesday to Friday).

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare, known locally as Northern Doctors Urgent Care Limited (NDUC).

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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

# Detailed findings

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 7 September 2016. During our visit we:

- Spoke with a range of staff (two GP Partners, the trainee GP, the practice manager, the practice pharmacist, the nurse prescriber, a practice nurse and two admin and reception staff) and spoke with patients who used the service. We spoke with members of the extended community healthcare team who were not employed by, but worked closely with the practice.
- Observed how staff interacted with patients in the reception and waiting areas, and talked with patients, carers and/or family members
- Reviewed the personal care or treatment records of patients.
- 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 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 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, 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, the practice took action when they were unhappy with advice given to a patient by a locum GP to ensure they did not use the locum again.

However, we found the system used to monitor patient safety alerts did not provide an effective audit trail of the action taken by the practice. There was evidence the practice discussed and learned from these, but they were unable to track through from each individual safety alert the action they had taken. The practice addressed this during the inspection by developing a template to support them in maintaining a clear audit trail in the future.

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

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to childrens' safeguarding level three and practice nurses to level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They had received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line

## Are services safe?

with legislation. (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### 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 were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had also developed quick reference guides, based on the business continuity plan to enable them to act quickly when required.

# 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

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2014/15 showed the practice had achieved 99.8% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was higher than the local clinical commissioning group (CCG) average of 95.7% and the England average of 94.8%. The practice had a very high clinical exception reporting at 45.2%. This compared to a CCG average of 10.8% and an England average of 9.2%. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side effect.) There were a number of long-term conditions where the practice excluded over 50% of patients on the patient list. This included coronary heart disease at 51%; Osteoporosis at 57.1% and rheumatoid arthritis at 52.7%. The practice also had 53% exception reporting for cervical screening.

As exception reporting was unexpectedly high within the practice, we raised this with the local CCG prior to the inspection. They undertook a visit to explore the issue and wrote a report setting out their findings. The practice shared this with us during the inspection. This compared national data with data from the Calculating Quality Reporting Service (CQRS) and a search of the clinical system. This identified a miss match between the data and in some instances, the number of exceptions and interventions within the year exceeded the register size. This demonstrated there was a data error, with some

double counting. For example, there were 975 patients with hypertension on the practice register in 2014-15. The number marked as excluded was 808 and the number of patients having a regular blood pressure tests within range was 956. This would equate to 1764 patients, which was higher than the original patient register. We found the data concerns related to only 2014-15. The 2013-14 overall clinical exception reporting for the practice was 9.1% and data provided by the practice for 2015-16 did not show the same high level of exception reporting as reported in 2014-15.

This practice was not an outlier for any QOF clinical targets.

They were an outlier on antibacterial prescribing. The percentage of antibiotic items prescribed that were cephalosporin or quinolones in 2014-15 was higher than comparators at 9.22%. The CCG average was 6.67% and England average was 5.13%. (Cephalosporins and Quinolones are broad-spectrum antibiotics. It is best practice to use them sparingly, as overuse can lead to infections becoming resistant to antibiotics making them less effective in the future.) The practice had carried out an audit cycle to review and improve their antibacterial prescribing. This had resulted in a 32% decrease in prescribing of Cephalosporin from July 2015 to November 2015.

Due to the data quality issues identified in 2014-15, it was difficult to accurately compare the practice to others. However, the published data showed the practice were in line or above CCG and national averages. For example:

- For 18 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.
- Performance for diabetes related indicators was higher than the CCG and national average. The practice achieved 99% of the points available. This compared to an average performance of 93.5% across the CCG and 89.2% national average.
- Performance for asthma related indicators was higher than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 97.1% across the CCG and 97.4% national average.
- The percentage of patients with hypertension having regular blood pressure tests within range was above the national average. 85.5% of patients had a reading measured within the last 12 months, compared to a CCG average of 83.7% and 83.7% nationally.

# Are services effective?

## (for example, treatment is effective)

- The summary performance for mental health related indicators was higher than the CCG and national average. The practice achieved 100% of the points available. This compared to an average performance of 91.8% across the CCG and 92.8% national average.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review within the preceding 12 months was better than the national average at 88.5% (compared to a CCG average of 80.8% and a national average of 84%).

Clinical audits demonstrated quality improvement.

- The practice sent us three clinical audits completed in the last two years; all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the practice had audited the quality of medicine reviews following a significant event relating to medicine interactions. This demonstrated improved documentation within medicine reviews. The practice also audited the choice of anti-platelet therapy in patients following ischaemic stroke based on NICE guidance. (Anti-platelet therapy reduces the risk of blood clots. An ischemic stroke occurs when an artery in the brain becomes blocked.)

### 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 for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by 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 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, basic life support and information governance awareness. 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. 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 monthly basis and that care plans were routinely reviewed and updated. For the most vulnerable patients, a weekly avoidable admissions multi-disciplinary team meetings meeting took place.

### 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.

# Are services effective?

## (for example, treatment is effective)

- 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 records 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, patients who were homeless and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice offered a smoking cessation support service.

The practice had a 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 80.5%, which was slightly lower than the national average of 81.7% and the CCG average of 81.3%. However, the exception reporting for

this indicator was 53% with 1097 out of 2069 patients' exception reported. As a result of us raising concerns about high exception reporting, the CCG identified a data recording error led to an over recording of exception reporting. This related only to 2014-15. Data provided by the practice relating to 2013-14 and 2015-16 did not show the same high level of exception reporting. 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 mostly higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.7% to 100% and five year olds from 90.2% to 100%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 96.2% to 98.9% and five year olds from 91.6% to 98.9%.

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. The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice, for example, the nurse took samples opportunistically when this was possible.

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

We also spoke with five 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 from July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with comparators for their satisfaction scores on consultations with doctors and nurses. For example, of the patients who responded:

- 90% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

- 95% said the nurse was good at listening to them compared to the CCG average of 94% and national average of 91%.
- 96% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 89% said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 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 and aligned with these views. We also saw that care plans were personalised.

Overall, results from the July 2016 National GP Patient Survey relating to patient experience of their involvement in planning and making decisions about their care and treatment, were slightly lower, but broadly in line with comparators. Of the patients who responded:

- 83% 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%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 96% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 87% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

## Are services caring?

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

### **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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 96 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Two of the CQC patient comment cards included positive feedback about the support the practice gave to carers.

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. For example, the practice was part of the multi-disciplinary team working to reduce avoidable admissions for the most vulnerable patients within the practice population.

- The practice offered extended hours four mornings a week from 7:30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available. However, there was no hearing loop available for patients who had hearing impairment.
- The practice had an initiative in place to meet the needs of patients who were homeless or of no fixed abode. This included inviting these patients in for an annual health check at the same time as their annual influenza vaccination. The practice worked with a local social inclusion organisation to support this process.

### Access to the service

The practice was open between 8am to 6pm every day. Appointments were available on a Monday from 8:30am to 11:30am and 1:30pm to 5:30pm. Tuesday through to Friday appointments were available from 7:30am to 11:30am and 1:30pm to 5:30pm. Extended surgery hours were offered four mornings a week from 7:30am (Tuesday to Friday). In addition to pre-bookable appointments that could be booked up seven days in advance, urgent appointments were also available for patients that needed them.

The National GP Patient Survey results with how satisfied patients were with how they could access care and treatment were mostly in line with comparators. Of the patients who responded:

- 86% were able to get an appointment to see or speak to someone the last time they tried. This compared with a CCG average of 82% and a national average of 85%.

- 99% said the last appointment they got was convenient. This compared with a CCG average of 94% and a national average of 92%.
- 77% of patients were satisfied with opening hours. This compared with a CCG average of 79% and a national average of 76%.
- 81% found it easy to get through to this surgery by phone. This compared with a CCG average of 79% and a national average of 73%.
- 82% described their experience of making an appointment as good. This compared with a CCG average of 75% and a national average of 73%.
- 65% felt they do not normally have to wait too long to be seen. This compared with a CCG average of 62% and a national average of 58%.

The majority of patients 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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Their 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. For example, there were posts displayed in the practice waiting area and summary leaflet available to inform patients of the complaints process. There was also information available on the practice website.

The practice sent us a summary of eight complaints received since April 2015. We looked at two of these and found the practice was open and transparent in how they

## Are services responsive to people's needs? (for example, to feedback?)

dealt with complaints. Lessons were learnt from individual concerns and complaints and also from analysis of trends. As a result of complaints the practice took action to

improve the quality of care. For example, when a particular medicine was no longer available as a repeat prescription within the NHS, the patient was offered a private prescription as an alternative.

# 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 waiting areas and staff knew and understood the values. This was 'working together to provide the best in healthcare.'
- 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
- Leaders had a comprehensive understanding of the performance of the practice
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

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 and training for all staff on communicating with

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

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and 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. They proactively sought patients' feedback and engaged patients in the delivery of the service.

- They had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, members of the PPG had been involved in the recruitment process for new staff members.
- The practice had also gathered feedback from staff through staff away days and generally 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.

# 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 was part of local initiatives to

- Work within integrated teams to reduce avoidable admissions to hospital of their most vulnerable patients.
- Provide an intermediate insulin initiation service for those diagnosed with diabetes.

They were a training practice for trainee GPs and medical students.

The practice was part of the local GP Alliance and worked with the alliance to reduce costs. (A GP federation is where a number of GP practices enter into some kind of collaborative arrangement with each other). For example the practice had achieved savings by having a locality contract for advice relating to employment law, human resources and health and safety. The practice regularly used benchmarking information to identify and take action on any areas where they performed less well when compared to other local practices.