

Bensham Family Practice

Quality Report

Bensham Family Practice, Sidney Grove, Gateshead,
NE8 2XB

Tel: 0191 477 6955

Website: www.benshamfamilypractice.nhs.uk

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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 Bensham Family Practice on 28 April 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.
- Data from the Quality and Outcomes Framework showed most patient outcomes were at or above average for the locality and compared to the national average. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice provided evidence some areas had improved over the last year, including mental health and diabetes care.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Information about services and how to complain was available and easy to understand.
- We found 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 they acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The practice should:

Summary of findings

- continue to not use the branch surgery, which was closed at the time of the inspection, until the health and safety concerns have been addressed or alternative suitable premises arranged.

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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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 showed patient outcomes were at or above average for the locality and compared to the national average. For 13 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs. Staff from the extended healthcare team told us multidisciplinary teams meetings were well attended and very well organised.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice broadly in line with local and national averages 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 their local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. The practice was part of the local initiative to provide primary care navigators within the practice, to signpost patients to local services and organisations to meet their wider health needs.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular 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

Good



Summary of findings

openness and honesty. The practice had systems in place for knowing about 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 they acted on. The patient participation group was small and had not yet generated many ideas as to where the practice could improve.
- There was a 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.

- Staff provided proactive, personalised care, which met the needs of older patients. Patients aged 75 and over were allocated a named GP to help ensure their needs were met.
- Good arrangements had been made to meet the needs of 'end of life' patients. Staff held regular palliative care meetings with other healthcare professionals to review the needs of these patients and ensure they were met.
- The practice offered home visits and longer appointment times where these were needed by older patients
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group.
- The practice maintained a palliative care register and 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 people with long-term conditions.

- Effective systems were in place, which helped ensure patients with long-term conditions received an appropriate service, which met their needs. These patients all had a named GP and received an annual review to check that their needs were being met. For those people with the most complex needs, the named GP worked with other relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for asthma related indicators was better than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 96.6% across the CCG and 97.4% national average. For example, the percentage of patients on the asthma register who had an asthma review within the preceding 12 months that included an assessment of asthma control was 86.6%, this compared to a national average of 75.4%.
- Performance for diabetes related indicators was below average for the clinical commissioning group (CCG) and national

Good



Summary of findings

average. The practice achieved 84.3% of the points available. This compared to an average performance of 92% across the CCG and 89.2% national average. For example, the percent of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 85%, compared to a national average of 88.3%. The practice had plans in place as to how they would address areas of lower performance.

- Longer appointments and home visits were available when needed.
- Patients at risk of hospital admission were identified as a priority, and steps were taken to manage their needs.
- Staff had completed the training they needed to provide patients with safe care.

Families, children and young people

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

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. 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. The needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccination given to under two year olds ranged from 77.8% to 100% and five year olds from 94% to 98%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 81.3% to 97% and five year olds from 89.8% to 97.9%.
- 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.
- Nationally reported data showed the practice had performed in line with average for providing recommended care and treatment for this group of patients.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

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 practice had assessed the needs of this group of patients and developed their services to help ensure they received a service, which was accessible, flexible and provided 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.
- Nationally reported data showed the practice provided recommended care and treatment that was in line with or above national averages for this group of patients. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was the higher than the national average. 90.6% of patients had a reading measured within the last nine months, compared to 83.7% nationally.

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 patients with learning disabilities.
- Staff carried out annual health checks for patients who had a learning disability and offered longer appointments.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff provided vulnerable patients with information about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff understood their responsibilities regarding information sharing, the documentation of safeguarding concerns and contacting relevant agencies.

Good



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).

- Performance for mental health related indicators was in line with, but slightly lower than the CCG and national average. The practice achieved 89.6% of the points available. This compared

Good



Summary of findings

to an average performance of 92.7% across the CCG and 92.8% national average. For example, 85.7% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.5%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychosis with an alcohol consumption recorded in the preceding 12 months was 76.7%. This compared to an 89.6% national average. The practice provided us with an update on these figures which demonstrated the improvements they had made. Performance in 2015/16 indicated 92% of patients on the register had an agreed care plan and 95% had their alcohol consumption recorded.

- 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 100% (compared to a national average of 84.0%).
- The practice had identified one percent of their population with enduring mental health conditions on a patient register to enable them to plan and deliver relevant services.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There was a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest GP Patient Survey published in January 2016 showed the majority of patients were satisfied with their overall experience of the GP surgery (at 88.3%); this was higher than the England average (at 85.1%). There were 303 survey forms distributed for Bensham Family Practice and 123 forms were returned. This was a response rate of 40.6% and equated to 2.8% of the practice population.

- 76.7% of patients said they would definitely or probably recommend the GP surgery to someone who had just moved into the area (compared to a national average of 79.3%).
- 92.4% found it easy to get through to this surgery by phone (compared to a national average of 73.3%).
- 92.6% found the receptionists at this surgery helpful (compared to a national average of 86.8%).
- 82.5% were able to get an appointment to see or speak to someone the last time they tried (compared to a national average of 76.1%).
- 92.7% said the last appointment they got was convenient (compared to a national average of 91.8%).
- 83.7% described their experience of making an appointment as good (compared to a national average of 73.3%).
- 67.2% felt they normally did not have to wait too long to be seen (compared to a national average of 57.7%).

As part of our inspection, we also asked for CQC comment cards to be completed by patients. We received 17

comment cards, which were all positive about the standard of care received. Patients told us they could get an appointment quickly when needed; the environment was safe and hygienic; that staff responded to their needs; and overall that staff were friendly, helpful, caring and respectful.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring. Some raised concerns with us about how difficult it could be to get an appointment, and that they had to ring back the next day if all the appointments for that day had gone. However, this was not reflected in the latest GP Patient Survey results above.

The practice collected feedback from patients through the national friends and family test (FFT). (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). In the month of March 2016, two patients completing the test said they were 'extremely likely' to recommend the service to family and friends and one said they were likely. Similarly in February 2016, four patients said they were 'extremely likely' to recommend the service to family and friends.

Areas for improvement

Action the service SHOULD take to improve

The practice should:

- continue to not use the branch surgery, which was closed at the time of the inspection, until the health and safety concerns have been addressed or alternative suitable premises arranged.

Bensham Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Bensham Family Practice

Bensham Family Practice is registered with the Care Quality Commission to provide primary care services. The practice provides services to approximately 4400 patients from two locations:

- Sidney Grove, Gateshead, Gateshead, NE8 2XB
- 406 Lobley Hill Rd, Gateshead, NE11 0BS

The practice closed the branch surgery at 406 Lobley Hill Road temporarily whilst they reviewed the suitability and health and safety requirements within this building. There is no current date arranged for this to reopen.

Bensham Family Practice is a small sized practice providing care and treatment to patients of all ages, based on a General Medical Services (GMS) contact agreement for general practice. The main surgery is in Bensham, on the outskirts of Gateshead. The practice is part of the NHS Newcastle Gateshead clinical commissioning group (CCG).

The practice has one GP partner (male) and a practice manager partner. There is also one female salaried GP, two practice nurses, a health care assistant and a team of eight administrative and reception staff. The current partnership arrangements within the practice, did not reflect the partnership registered with CQC. The practice was in the process of making changes to their registration.

The surgery is open between 7am and 6pm on a Monday and between 8am and 6pm Tuesday to Friday. Extended hours surgeries are offered on Monday morning from 7am, for those patients unable to attend during normal working hours.

The consultation times are between 8am and 11:30am and 3:30pm to 5:30pm Tuesday to Friday. During extended hours on a Monday the consultations times are between 7am and 11:30am and 3:30pm to 5:30pm. Phone lines for appointments and other routine requests are open between 7am to 6pm on a Monday and 8am to 6pm on other weekdays.

The service for patients requiring urgent medical attention out of hours are referred to the NHS 111 service and also provided by Gateshead Community Based Care Limited.

Information taken from Public Health England placed the area in which the practice was located in the third most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 76 years, which is three years lower than the England average of 79 years. The average female life expectancy is 81 years, which is two years lower than the England average of 83 years.

The percentage of patients reporting with a long-standing health condition is slightly higher than the national average (practice population is 62.5% compared to a national average of 54%). Higher numbers can indicate an increased demand for GP services.

Why we carried out this inspection

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

Detailed findings

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 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 28 April 2016. During our visit we:

- Spoke with a range of staff (the lead GP and salaried GP, the practice manager, two practice nurses, the healthcare assistant, and three reception and administrative staff) and spoke with patients who used the service. We also spoke with two members of the extended community healthcare team who were not employed by, but worked closely with the practice.
- 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.

- 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a significant incident, the practice agreed with the patient a way to reduce the risk of a medicine going missing, in conjunction with the pharmacy the local safeguarding team.

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 level three in children's safeguarding.
- 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 (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 seating in the practice waiting room had a number of tears in the fabric covering. The practice had received funding to refurbish this area and they were in the process of making plans for this to happen. 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 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 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.
- 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.

Are services safe?

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). The practice did not have an overarching health and safety risk assessment in place. However, saw evidence regular checks were made of the practice and its environment to identify potential risks and mitigating action was taken to address individual risks.
- The branch surgery had been closed since February 2016 when a GP partner retired. This surgery had been used minimally by the GP partner for a one hour GP consultation session per week. The practice had recently undertaken a full risk assessment of the branch surgery, and identified this was unsuitable for the purposes of delivering services. The assessment found the premises were overall in a run down state and were not compliant with UK health and safety legislation in a number of areas. The practice had liaised with NHS England about this, and had transferred all services to

the main branch. In the longer term, the practice were exploring if there were suitable alternative facilities in which they could deliver services to patients from this area.

- 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.

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.
- 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 96.1% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was higher than the national average of 94.8%. At 9.7%, their clinical exception reporting rate was 0.8% above the local CCG average and 0.5% above England Average. (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.)

This practice was not a statistical outlier for any QOF (or other National) clinical targets.

Data from 2014/15 showed;

- For 13 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.
- Performance for diabetes related indicators was below average for the clinical commissioning group (CCG) and national average. The practice achieved 84.3% of the points available. This compared to an average performance of 92% across the CCG and 89.2% national average. For example, the percent of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 85%, compared to a national average of 88.3%. The percentage of patients on the diabetes register who had an influenza immunisation was 96.4%, which was

slightly higher than the national average of 94.5%. The practice provided us with an update on these figures which demonstrated the improvements they had made. In 2015/16, 95% of patient with diabetes had received a foot risk assessment and 99% had an influenza immunisation.

- Performance for asthma related indicators was better than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 96.6% across the CCG and 97.4% national average. For example, the percentage of patients on the asthma register who had an asthma review within the preceding 12 months that included an assessment of asthma control was 86.6%, this compared to a national average of 75.4%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was the higher than the national average. 90.6% of patients had a reading measured within the last nine months, compared to 83.7% nationally.
- Performance for heart failure related indicators was better than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 97.9% across the CCG and national average.
- Performance for mental health related indicators was lower than the CCG and national average. The practice achieved 89.6% of the points available. This compared to an average performance of 92.7% across the CCG and 92.8% national average. For example, 85.7% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.5%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychosis with an alcohol consumption recorded in the preceding 12 months was 76.7%. This compared to an average 89.6% national average. The practice provided us with an update on these figures which demonstrated the improvements they had made. Performance in 2015/16 indicated 92% of patients on the register had an agreed care plan and 95% had their alcohol consumption recorded.

Are services effective?

(for example, treatment is effective)

- 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 100% (compared to a national average of 84.0%).

The practice had taken action to improve on those areas where they performed lower than comparators, such as diabetes and mental health indicators. They used QOF as a tool to help them improve the patient care they delivered.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in 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 an audit of anticoagulant medicines identified areas where the practice could make improvements to ensure they were following best practice and prescribing followed local guidelines in terms of safety, efficiency, patient preference and cost. The practice had also reviewed the medicines GPs carried with them during home visits to ensure they were prepared in the event of medical emergency.

Information about patients' outcomes was used to make improvements such as; the practice audited the referrals via the 'two week wait' pathway to ensure cancer was diagnosed at an early stage. (The two week wait pathway is the timeframe set by the National Institute for Health and Care Excellence (NICE) for patients with suspected cancer to see a specialist.) The practice put in place an action plan to support them with this.

The practice provided us with evidence of how they had used information provided by the local CCG to benchmark and improve upon their prescribing rates.

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. It 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 updates 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 their learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. 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 patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Are services effective?

(for example, treatment is effective)

We spoke with two members of the extended community healthcare team who were not employed by, but worked closely with the practice. They told us the practice were very good at communicating with the wider healthcare team. They told us multi-disciplinary team meetings were well organised, well structured and well attended. They told us they found these meetings very helpful in assisting them to provide effective and safe care to patients.

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 records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice participated in the local primary care navigator scheme to support them to identify and direct patients to the most appropriate source of help and support.

- A dietician was available on the premises and smoking cessation advice was available from a local support group.

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 82.9%, which was slightly higher than the national average of 81.8%. 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 by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates for the vaccination given to under two year olds ranged from 77.8% to 100% and five year olds from 94% to 98%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 81.3% to 97% and five year olds from 89.8% to 97.9%.

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

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.

All of the 17 patient Care Quality Commission 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 spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey showed results were higher than national averages for its satisfaction scores on consultations with doctors. For example, of those who responded:

- 91.2% said the GP was good at listening to them compared to the CCG average of 91% and national average of 88.6%.
- 91.3% said the GP gave them enough time compared to the CCG average of 88.9% and national average of 86.6%.
- 98.9% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.9% and national average of 95.2%.
- 88.9% said the last GP they spoke to was good at treating them with care and concern compared to a national average of 85.3%.
- 88.5% said the last nurse they spoke to was good at treating them with care and concern compared to a national average of 90.6%.

- 92.6% said they found the receptionists at the practice helpful compared to the CCG average of 87.7% and national average of 86.8%.

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 on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey we reviewed showed patients rated the practice higher than average on questions about their involvement in planning and making decisions about their care and treatment. For example, of those who responded:

- 91.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.8% and national average of 86.0%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to a national average of 81.6%.

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers (126 patients). Written information was available to direct carers to the various avenues of support available to them. The practice had a carers champion in place. The practice planned to invite carers to an annual health review, but were at an early stage of implementing this.

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 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 their 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 local initiative to provide primary care navigators within the practice, to signpost patients to local services and organisations to meet their wider health needs.

- The practice offered extended hours on a Monday morning from 7am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 7am and 6pm on a Monday, and between 8am and 6pm Tuesday to Friday. Extended surgery hours were offered every Monday from 7am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

The National GP Patient survey showed that respondents were satisfied with how they could access care and treatment; scores were higher than national averages.

- 82.5% said they were able to see or speak to someone last time they tried, compared to a national average of 76.1%.
- 92.7% of patients found the appointment was very or fairly convenient, compared to an average of 91.8% across England.
- 89.4% of patients were satisfied with opening hours, compared to an England average of 78.3%.
- 92.4% found it easy to get through to this surgery by phone compared to a national average of 73.3%.

- 83.7% described their experience of making an appointment as good compared to a national average of 73.3%.
- 67.2% said they felt they normally do not have to wait too long to be seen compared to a national average of 57.7%.

Patients we spoke with on the day of the inspection that they were normally able to get appointments when they needed them. Some raised concerns with us about how difficult it could be to get a non-urgent appointment. They told us if no appointments were left for the day, they had to ring back the next day. However, we saw other evidence which demonstrated appointments were available on a timely basis. We checked the availability of appointments during our inspection, and found a pre-bookable appointment with a nurse was available the next working day, with a healthcare assistant appointment available the same day and with the GP for a week's time. Some pre-bookable GP appointments had been removed from early on in the following week to ensure the practice had capacity to deal with urgent requests for appointments, following a bank holiday Monday. The National GP Patient Survey results related to appointment making and availability were above local and national averages.

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 a poster and summary leaflet setting out how patients could complain were displayed in the waiting room available. The complaints procedure was also published on the practice's website.

The practice had received two complaints over the last twelve months. We looked at both of these. We saw there had been a delay in responding to one of the complaints, but the practice had apologised to the patient for this delay and took action to fully investigate and resolve the concerns. The patient had been offered a face to face

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

meeting to discuss the concerns and any further action required. We found the practice took seriously concerns raised and dealt with these with openness and transparency.

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 clear mission statement, aims and values, which were set out on the practice website. Staff knew and understood the values of the practice.
- The practice had a robust strategy and was developing a supporting business plan which reflected the vision and values. We found the practice regularly reviewed how they provided the service to ensure they continued to meet local needs.

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

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was very small and the practice told us they had struggled to attract more members. There had only been a few meetings and progress had been slow. The practice continued to investigate ways they could increase the number of PPG members and enrich the feedback they got from this group.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We saw the improvements the recently recruited practice nurses had made, supported by the management team, for example relating to infection control. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

Are services well-led?

Good 

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

team was part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was part of the local initiative to provide primary care navigators to direct patients to local support services and initiatives.