

# Dr Robert Mathewson

## 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 Dr Robert Mathewson, also known as 'High Lane Medical Centre' on 12 October 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Significant events had been investigated and action had been taken as a result of the learning from events.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were good and there were regular checks on the environment and on equipment used.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.

- Data showed that outcomes for patients at this practice were similar to outcomes for patients locally and nationally.
- Feedback from patients about the care and treatment they received was very positive. Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff felt well supported in their roles and had undergone a regular appraisal of the work.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. Complaints had been investigated and responded to in a timely manner.
- The practice had a clear vision to provide a safe and high quality service.

# Summary of findings

- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The practice provided a range of enhanced services to meet the needs of the local population.

Area of outstanding practice:

- The practice provided a well managed and responsive appointments system which resulted in very high levels of patient satisfaction.

Areas where the provider should make improvement are:

- Introduce a record to demonstrate the actions taken for all safety alerts.
- Ensure all staff are provided with the appropriate level of safeguarding training.
- Carry out a risk assessment with regards to the practice not having a defibrillator available on site.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Staff learnt from significant events and this learning was shared across the practice.
- The practice had a system in place for managing safety alerts
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded them from abuse.
- Staff had been trained in safeguarding but this was not the required level for one of the clinical staff. Staff were clearly aware of their responsibilities to report safeguarding concerns.
- Infection control practices were carried out appropriately and in line with best practice guidance.
- Health and safety related checks were carried out on the premises and on equipment on a regular basis.
- The practice had a well established staff team and staff recruitment checks had been carried out appropriately.
- Systems for managing medicines were effective and the practice was equipped with a supply of medicines to support people in a medical emergency.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients at this practice were comparable to those locally and nationally.
- The practice worked in conjunction with other practices in the locality to improve outcomes for patients.
- Staff worked alongside other health and social care professionals to understand and meet the range and complexity of patients' needs.
- Clinicians met on a regular basis to review the needs of patients and the clinical care and treatment provided.
- Clinical audits were carried out to drive improvement in outcomes for patients.

# Summary of findings

- Staff felt well supported and they had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients gave us very positive feedback about the caring nature of staff. They told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data from the national patient survey showed that patients rated the practice higher than others locally and nationally for aspects of care. For example, having tests and treatments explained to them and for being treated with care and concern.
- Information about the services provided was made readily available to patients.
- The practice maintained a register of patients who were carers in order to tailor the services provided.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of the local population and worked in collaboration with partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- The appointment system was very responsive to patients' needs.
- Patients told us they found it easy to get an appointment. The majority of patients could get an appointment for the same day or the following day if required.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and the practice responded quickly to issues raised. Learning from complaints was shared appropriately.

## Are services well-led?

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

Good



- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.

# Summary of findings

- 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.
- There were systems in place to govern the practice and support the provision of good quality care. This included arrangements to identify risks and to monitor and improve quality.
- The provider encouraged a culture of openness and honesty and complied with the requirements of the duty of candour.
- There was a focus on development and improvement linked to outcomes for patients.
- The challenges and future developments of the practice had been considered.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

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

Good



- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population. The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Patients over the age of 75 had a named GP and a structured annual review to check that their health needs were being met.
- Care planning was carried out for patients with dementia care needs.
- One of the GPs held a lead role in elderly care and other GPs held lead roles in some conditions more commonly found in older people.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to local and national averages.
- GPs carried out regular visits to local care homes to assess and review patients' needs and to prevent unplanned hospital admissions.
- Home visits and urgent appointments were provided for patients with enhanced needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

### People with long term conditions

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

Good



- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.

# Summary of findings

- Regular, structured health reviews were carried out for patients with long term conditions.
- GPs had lead roles in some chronic diseases such as hypertension and diabetes
- Patients with several long term conditions were offered a single, longer appointment to avoid multiple visits to the surgery.
- Data from 2015 to 2016 showed that the practice was performing in comparison with other practices nationally for the care and treatment of people with chronic health conditions such as diabetes.
- The practice provided an enhanced service to prevent high risk patients from unplanned hospital admissions. This included these patients having a care plan and a regular review of their medicines.
- A member of staff had a designated care co-ordinator role to contact patients following an emergency admission to hospital.
- The practice held regular clinical and multi-professional meetings to discuss patients with complex needs and patients receiving end of life care.
- The practice provided an in house phlebotomy service five days per week and patients were accommodated to have a blood test directly following their appointment when this was possible.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of A&E attendances. A GP was the designated lead for child protection.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.
- Child surveillance clinics were provided for 6-8 week olds.
- Immunisation rates were generally comparable to the national average for standard childhood immunisations. Opportunistic immunisations were given to encourage uptake
- The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they would report any concerns they had identified to relevant professionals.

Good





# Summary of findings

- Family planning services were provided and the practice had a lead for women's health. The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed within the target period of 5 years was 83% which was comparable to the national average of 81%.
- Babies and young children were offered an appointment as priority and appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing facilities were available.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were provided until 8pm two evenings per week.
- Telephone consultations were provided and this was advantageous for people in this group as it meant they did not always have to attend the practice in person.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group. Screening uptake for people in this age range was comparable to national averages.
- The practice was proactive in offering online services including the booking of appointments and request for repeat prescriptions. Electronic prescribing was also provided.

**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 in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.

**Good**



# Summary of findings

- The practice worked with other health and social care professionals in the case management of vulnerable people.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Patients could access social work advice and support at regular drop in sessions. A counselling service was also hosted at the practice.
- The practice was accessible to people who required disabled access and facilities and services such as a hearing loop system (used to support patients who wear a hearing aid) and translation services were available.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

## 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).

- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable to local and national averages.
- The practice worked with other health and social care professionals in the case management of people experiencing poor mental health, including those with dementia.
- The practice referred patients to support services such as psychiatry and counselling services.
- Care planning was carried out for patients with dementia care needs.
- Some staff had been provided with training in dementia awareness to support them in supporting patients with dementia care needs.
- A system was in place to follow up patients who had attended accident and emergency and this included where people had been experiencing poor mental health.
- Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they took.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.

Good



# Summary of findings

## What people who use the service say

The results of the national GP patient survey published July 2016 showed the practice received scores that were generally higher than other practices for patients' experiences of the care and treatment provided, their interactions with clinicians and for their experiences of making an appointment. There were 216 survey forms distributed and 124 were returned which equates to a 57% response rate. The response represents approximately 2% of the practice population.

The practice received scores that were similar to or higher than the Clinical Commissioning Group (CCG) and national average scores from patients for matters such as: feeling listened to, being given enough time and having confidence and trust in the GPs.

For example:

- 94% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 91% and national average of 88%.
- 97% said the last nurse they spoke to was good at listening to them (CCG average 93% national average 91%).
- 95% said the last GP they saw gave them enough time (CCG average 90%, national average 86%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 100% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).

The practice scored higher than the CCG and national averages for questions about access and patients' experiences of making an appointment. For example:

- 96% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to a national average of 72%.
- 98% described their experience of making an appointment as good (CCG average 77%, national average 73%).
- 91% were fairly or very satisfied with the surgery's opening hours (national average 79%).
- 99% found the receptionists at the surgery helpful (CCG average 88%, national average 86%).
- 95% of respondents to the GP patient survey stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (national average of 75%).
- 99% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 88% and a national average of 86%.

A higher than average percentage of patients, 96%, described their overall experience of the surgery as good or fairly good. This compared to a national average of 85%. The percentage of patients who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area was 97.4% (national average of 79.5%).

We spoke with six patients during the course of the inspection visit and they told us the care and treatment they received was of a high standard. As part of our inspection process, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards. All of these were positive about the standard of care and treatment patients received. Staff in all roles received praise for their professional care. Descriptions of staff in the comment cards we received included: 'excellent', 'superb', 'kind', 'polite', 'respectful' and 'welcoming'.

## Areas for improvement

# Summary of findings

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

Action the provider should take to improve:

- Introduce a record to demonstrate the actions taken for all safety alerts.
- Ensure all staff are provided with the appropriate level of safeguarding training.
- Carry out a risk assessment with regards to the practice not having a defibrillator available on site.

## Outstanding practice

- The practice provided a well managed and responsive appointments system which resulted in very high levels of patient satisfaction.

# Dr Robert Mathewson

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to Dr Robert Mathewson

Dr Robert Mathewson, also known as 'High Lane Medical centre' is located in Stockport, Greater Manchester. The practice was providing a service to approximately 5,400 patients at the time of our inspection.

The practice is part of Stockport Clinical Commissioning Group (CCG). The practice is situated in an area with low levels of deprivation when compared to other practices nationally. The practice population is made up of a higher than average elderly population with 41% of the population aged over 65 years old. The percent of the patient population with a long standing health condition is 57% which is slightly higher than the nation average of 54%.

The practice is run by one GP and there are four salaried GPs (three male and two female). There are two practice nurses, one health care assistant, a practice manager and a team of reception/administration staff.

The practice is open from 8am to 6.30pm Mondays, Thursdays and Fridays and 8am to 8pm on Tuesdays and Wednesdays. When the practice is closed patients can access the out of hours service provided by 'Mastercall' by calling 111.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice has a Personal Medical Services (PMS) contract. The practice provides a range of enhanced services, for example: extended hours, childhood vaccination and immunisation schemes, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 October 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff including GPs, practice nurses, a health care assistant, the practice manager and reception and administrative staff.
- Spoke with patients who used the service.
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample key policies and procedures.

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 a system in place for reporting, recording and responding to significant events. Staff told us they would inform the practice manager of any incidents. The provider was aware of their responsibilities to report 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). The practice carried out a thorough analysis of significant events. Significant events and matters about patient safety were discussed at practice meetings and we were assured that learning from significant events and safety alerts had been disseminated and implemented into practice. A review of significant events was carried out on an annual basis.

A system was in place for responding to patient safety alerts. We looked at a sample of safety alerts and how they had been managed. The information had been disseminated and action had been taken to make required changes to practise for the sample we looked at. However, the system did not include an overall record to demonstrate who was responsible for responding to the information and the actions taken.

### 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 them from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and safeguarding policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. One of the GPs was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Safeguarding meetings were held with multi professionals on a regular basis. The majority of staff had received safeguarding training at a level relevant to their role. For example the GPs were trained to Safeguarding level 3. One member of the clinical team had been provided with level one training

when they required level two training as a result of their roles and responsibilities. Staff demonstrated they understood their responsibilities to report safeguarding and some staff provided examples of when they had raised safeguarding concerns.

- Notices advised patients that staff were available to act as chaperones if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS) check. These 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. A practice nurse was the infection control clinical lead and they were responsible for liaising with the local infection prevention team. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were undertaken and action had been taken to address improvements required as a result of the audits. The audits included a general audit, hand washing audits and a minor operations audit. We noted that a record to demonstrate the regular cleaning of curtains in clinical areas was not maintained. The provider told us they would introduce this with immediate effect.
- There was documented evidence of the immunisation status of clinical staff against Hepatitis B. (Practices are required to ensure that staff receive the appropriate immunisations according to the roles that they undertake including staff who may have direct contact with patients' blood or blood-stained body fluids e.g. from sharps as they are at risk of Hepatitis B infection).
- The arrangements for managing medicines, including emergency drugs were appropriate and safe. Vaccines were stored securely and a regular check on the temperature of the vaccine fridge was carried out. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant had been trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Patients who were prescribed potentially

## Are services safe?

harmful drugs were monitored regularly and appropriate action was taken if test results were abnormal. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy team to look at prescribing issues across the locality and how these could be improved. Medicines prescribing data for the practice was comparable to national prescribing data. A system was in place to account for prescriptions and ensure they were stored securely.

- The practice had a good level of staff retention and many of the staff across all roles had been in post for a number of years. We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the DBS. All required checks of the NHS Performers List, General Medical Council (GMC) and Nursing and Midwifery Council (NMC) had been carried out to ensure the suitability of staff.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- A range of health and safety related policies and procedures were readily available to staff.
- The practice had up to date health and safety related risk assessments and safety checks were carried out as required. For example, fire safety checks and fire drills were carried out and electrical equipment and clinical equipment were checked to ensure they were working properly.

- An assessment of the risk and management of Legionella had been undertaken and measures were in place to mitigate risks associated with 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 of the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

Arrangements were in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in each of the consultation and treatment rooms which alerted staff to an emergency.
- All staff had received annual basic life support training.
- The practice had emergency medicines available. These were readily accessible to staff in a secure area of the practice and staff knew of their location. There was a system in place to ensure the medicines were in date and fit for use.
- A supply of oxygen was available on the premises with adult and children's masks.
- The practice did not have a defibrillator to support patients in a cardiac arrest emergency.
- A first aid kit was readily available.
- Systems were in place for the recording of accidents and incidents.
- The practice had a 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 clinicians assessed patients' 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 GPs clearly demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

The practice monitored the implementation of best practice guidelines through regular clinical meetings.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.

### Management, monitoring and improving outcomes for people

The practice used information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. Results published from data from April 2015 to March 2016 showed that the practice had achieved 100% of the total number of points available with 8% exception reporting. The practice was not an outlier for any QOF (or other national) clinical targets. QOF data showed performance in outcomes for patients were comparable to those of the Clinical Commissioning Group (CCG) and national outcomes. For example,

- The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 82% compared to a CCG average of 80% and a national average of 78%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale was 93% (CCG average 91%, national average of 89%).

- 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 80% (CCG average 83%, national average 82%).
- The performance for mental health related indicators were comparable to local and national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 77% (CCG average 85%, national average 83%). The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 92% (CCG average 92%, national average of 86%).

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. A number of clinical audits had been completed in the last twelve months. One of these was an audit of flu uptake for children. As a result the practice had sent individual invites for flu vaccine and this had increased uptake significantly. They intended to roll this out to adults who were eligible for flu vaccine. Another audit related to the provision of diabetic foot care and this demonstrated the impact of the provision of podiatry on outcomes for patients. A further audit had been carried out with regards to minor surgery and infection rates.

The practice worked alongside other health and social care professionals in monitoring and improving outcomes for patients. The needs of patients with more complex health or social care needs were discussed at multi professional meetings.

The GPs met on a daily basis and attended a six weekly clinical meetings to discuss clinical matters and review the care and treatment provided to patients with complex needs.

The practice provided a range of additional services to improve outcomes for patients. These included a minor surgery clinic, insulin initiation, podiatry and ambulatory blood pressure monitoring.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

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

- An induction programme was provided to newly appointed members of staff.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. Staff had access to and made use of e-learning training modules and in-house training. There was a training plan in place to ensure staff kept up to date with their training needs.
- Staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness. Staff had also been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes, podiatry and spirometry. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.
- The principal GP was the clinical lead. GPs held lead roles in a range of areas including; hypertension, osteoporosis, minor surgery, orthopaedics, musculoskeletal, diabetes, women's health and paediatrics.
- Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.
- Staff attended a range of internal and external meetings. GPs attended locality meetings and meetings with the CCG. The practice was closed for one half day per month to allow for 'protected learning time' which enabled staff to attend meetings and undertake training and professional development opportunities.

### 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 intranet system. This included care plans, medical records, investigations 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. GPs used national standards for the referral of patients with suspected cancers to be referred and seen within two weeks. Referrals to secondary care were timely and all referrals were counter signed by another GP. Systems were in place to ensure referrals to secondary care and results were followed up.

Hospital discharge letters were managed appropriately and the practice reviewed hospital admissions data on a regular basis.

The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

The practice took part in an enhanced service to support patients to avoid an unplanned admission to hospital. This is aimed at reducing admissions to Accident and Emergency departments by treating patients within the community or at home. Care plans had been developed for patients at most risk of an unplanned admission. The practice monitored unplanned admissions and shared information as appropriate with the out of hours service and with secondary care services.

### 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. Clinical staff had been provided with training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).
- When providing care and treatment for children and young people, staff were aware of their responsibility to carry out assessments of capacity to consent in line with relevant guidance.

# Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear clinical staff assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- Written consent was obtained and recorded for minor surgical procedures.
- The process for seeking consent was monitored through the auditing of records to ensure the practice fulfilled their responsibilities within legislation and that they were following relevant national guidance.
- Information from the QOF for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention were comparable to other practices locally and nationally. For example, the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 83% (national average of 81%). There was a policy to offer reminders for patients who did not attend for their cervical screening tests.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were around the national average.
- Childhood immunisation rates for the vaccinations given were largely comparable to CCG and national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40-74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.
- A practice nurse provided smoking cessation advice and support.

## Supporting patients to live healthier lives

The practice provided advice, care and treatment to promote good health and prevent illness. For example:

- The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and diabetes. Patients with these conditions or at risk of developing them were regularly monitored and referred to (or signposted to) services for lifestyle advice such as dietary advice.
- The practice monitored how it performed in relation to health promotion. Information from the QOF and other sources were used to identify where improvements were needed and to take action.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that members of staff were courteous and 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. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew that they could offer patients a private area for discussions when patients wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

We made patient comment cards available at the practice prior to our inspection visit. We received 14 completed comment cards and all of these were highly positive and complimentary about the caring nature of the service provided by the practice. Patient feedback in comment cards described staff as; 'excellent', 'superb', 'kind', 'polite', 'respectful' and 'welcoming'. Patients said they felt the practice offered 'good engagement' and 'good quality care'.

Staff demonstrated a patient centred approach to their work during our discussions with them and staff told us they felt they knew the needs of the patients well.

Results from the national GP patient survey showed patients felt they were treated with care and concern. The practice received scores that were higher than local and national averages. The patient survey contained aggregated data collected between July to September 2015 and January to March 2016. The practice received high scores in all areas including; for patients being given enough time, being treated with care and concern and having trust in clinical staff. For example:

- 95% of respondents said the last GP they saw gave them enough time compared to a CCG average of 90% and a national average of 86%.
- 95% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 94%, national average of 91%).
- 88% said that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (national average 85%).

- 91% said that the last time they saw or spoke to nurse, they were good or very good at treating them with care and concern (national average 90%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 100% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 98%, national average 97%).

The practice scored higher than local and national averages with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

- 99% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 88% and a national average of 86%.
- 96% described their overall experience of the practice as 'fairly good' or 'very good' (national average 85%).

The percentage of patients who stated that they would probably or definitely recommend their GP surgery to someone who had just moved to the local area was 97.4% compared to a national average of 79.5%.

We spoke with six patients who were attending the practice at the time of our inspection. Patients gave us highly positive feedback about the caring nature of the GPs and other clinical staff. One patient told us they felt the service was 'first class'. Another patient commented that they felt the GPs spent as much time as they needed with them and they felt 'well looked after'.

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

Patients we spoke with told us they felt listened to and involved in making decisions about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views. Results from the national GP patient survey showed the practice had general achieved higher scores than local and national averages for patient satisfaction in these areas. For example:

- 94% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 91% and a national average of 88%.

## Are services caring?

- 97% said the last nurse they saw or spoke to was good at listening to them (CCG average of 93%, national average of 91%).
- 90% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 94% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 91%, national average of 89%).
- 90% said the last GP they saw was good or very good at involving them in decisions about their care (national average of 81%).
- 81% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (national average of 85%).

Staff told us that translation services were available for patients who did not have English as their first language.

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

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Information about how patients could access a number of support groups and organisations was available at the practice. Information about health conditions and support was also available at the practice and on the practice's website.

The practice maintained a register of carers and at the time of the inspection there were 171 carers on the register. The practice's computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required. Written information was available to direct carers to the various avenues of support available to them.

The practice hosted drop in sessions for patients to see a social worker and a counselling service.

Patients receiving end of life care were signposted to support services. The practice had a policy and procedure for staff to adopt following the death of a patient. GPs made contact with family members or carers following bereavement to offer them support and signpost them to bereavement support services.

# 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 worked to ensure unplanned admissions to hospital were prevented through identifying patients who were most at risk and developing care plans with them to prevent an unplanned admission.

The practice provided a flexible service to accommodate patients' needs. For example;

- There were longer appointments available for patients who required these.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Requests for home visits were reviewed by the GPs who assessed whether a home visit was clinically necessary; and the urgency of the need for medical attention.
- Patients were able to get an appointment on the day they contacted the practice or the following day. Same day appointments were available for children and those patients with medical conditions that require same day consultation.
- The practice provided facilities for disabled people, a hearing loop system and a translation service was available.
- The practice offered extended opening hours two days per week until 8pm.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

### Access to the service

The practice was open from 8am to 6.30pm Mondays, Thursdays and Fridays and 8am to 8pm on Tuesdays and Wednesdays.

The appointment system was well managed and sufficiently flexible to respond to peoples' needs. People told us on the day that they were able to get appointments when they needed them. The practice told us most patients

were seen the same day they contacted the surgery or the following day. Patients confirmed this was the case and they told us they found the whole process of making an appointment easy.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was consistently higher than local and national averages. For example:

- The percentage of respondents who gave a positive answer to 'Generally how easy is it to get through to someone at your GP surgery on the phone' was 96% compared to a national average of 72%.
- The percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 91% (national average of 79%).
- 95% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (national average 75%).
- 98% of patients described their experience of making an appointment as good (national average 73%).
- 100% said the last appointment they got was convenient (CCG average 93%, national average 91%).

The practice was located in a purpose built building. The premises were accessible and facilities were provided for people who were physically disabled. Reasonable adjustments were made and action taken to remove barriers when people found it hard to use or access services. For example, a hearing loop system was available to support people who had difficulty hearing and translation services were available.

### Listening and learning from concerns and complaints.

The practice had an effective system in place for handling complaints and concerns. A complaints policy and procedures was in place. We saw that information was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with.

There was a designated member of staff who handled complaints. We looked at complaints received in the last 12 months. Complaints had been logged, investigated and responded to in a timely manner and patients had been provided with an explanation and an apology when this

# Are services responsive to people's needs?

(for example, to feedback?)

was appropriate. We found that lessons had been learnt from concerns and complaints and action had been taken to improve the quality of care and patients' experience of the service.



# 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 statement of purpose which outlined its aims and objectives. These included the provision of high quality, safe and effective healthcare, created as a partnership between patients and health professionals which ensures mutual respect, holistic care and continuous learning and training. Staff we spoke demonstrated that they supported the aims and objectives and the values linked to these. They consistently demonstrated a patient centred approach to their work.

The provider had knowledge of and incorporated local and national objectives. They worked alongside commissioners and partner agencies to improve and develop the primary care provided to patients in the locality.

### Governance arrangements

The practice had effective arrangements in place to govern the service and ensure good outcomes were provided for patients.

- There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks.
- The GPs used evidence based guidance in their clinical work with patients.
- The GPs had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance.
- The QOF data showed that the practice achieved results comparable to other practices locally and nationally for the indicators measured.
- Clinical audits had been carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients.
- The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).

- There were clear methods of communication across the staff team. Records showed that regular meetings were carried out as part of the quality improvement process to improve the service and patient care. A rolling programme of meetings was scheduled to encompass a range of areas of work.
- Staff were aware of which GPs had lead roles for the different areas of work and therefore they knew who to approach for help and advice.
- Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role.

### Leadership and culture

On the day of the inspection the principal GP provider demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs were visible in the practice and staff told us that they were approachable and took the time to listen to them.

The provider encouraged a culture of openness and honesty. 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). The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support and an explanation.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities. Staff in all roles felt well supported and appropriately trained and experienced to meet their responsibilities. Staff described a good working environment, good team working and they told us they felt valued.

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

The practice actively encouraged and valued feedback from patients. Feedback we attained from patients was very positive and they told us they felt staff provided a high quality service.



# Are services well-led?

Good 

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

The practice also sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results for 2016 showed that the vast majority of patients who had completed the survey were either likely or extremely likely to recommend the practice.

The practice used information from complaints received to make improvements to the service.

Staff were involved in discussions about how to develop the service and encouraged to provide feedback about the service through a system of regular staff meetings and appraisals.

## Continuous improvement

There was a focus on continuous learning and improvement within the practice. The provider was aware of challenges to the service. They were clear on the areas they intended to develop and were open about the areas of work which they felt required improvement. They were equally clear about what they did well and about their drive to provide high quality healthcare that meets the needs of the practice population.