

Benfield Park Medical Group

Quality Report

Benfield Park Healthcare & Diagnostic Centre,
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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 Benfield Park Medical Group on 15 and 23 October 2015. 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 to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to Disclosure and Barring Service (DBS) checks and infection control.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- The practice was developing their website to include easy read information to help patients with learning disabilities to understand their services.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Importantly, the provider should

- Review the policy and procedures relating to the chaperone service, to ensure patients and staff are protected by having appropriately recruited and trained chaperones.

Summary of findings

- Continue to monitor and improve their approach to infection control by regularly undertaking an audit of their infection control procedures. Also have spillage kits on site so they can safely clean any spillage of bodily fluids.
- Consider the arrangements for checking the maintenance of the cold chain for vaccines stored at the branch surgery, when no practice nurse is due to be on duty that day.
- Ensure that all staff are offered the opportunity to receive an appraisal on a regular basis.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

However, some areas were identified during the inspection where the practice should consider improvements. For example, the practice did not have a risk assessment in place to determine which non-clerical staff should be subject to a Disclosure and Barring Service (DBS) check. The practice did not have a spillage kit available for dealing with spillage of bodily fluids and had not undertaken regular audits of their cleanliness and infection control procedures.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. This practice was not an outlier for any Quality and Outcome Framework (QOF) or other national clinical targets. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for some staff. However, there were gaps where some staff had not received an appraisal within the last year. The practice recording systems did not support managers to identify those staff that had received or were due an appraisal. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice in line with local and national comparators for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. They 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. Their patient participation group (PPG) was engaged to improve the services offered by the practice.

Good



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 offered proactive, personalised care which met the needs of these patients. Patients living in local care homes received routine GP visits. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits, longer appointment times and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.5% to 100% and five year olds from 94.8% to 100.0%. This was the same as or higher than national averages.

Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice provided a drop in service for young people at their branch surgery. We saw good examples of joint working with midwives, health visitors and school nurses.

The practice's uptake for the cervical screening programme was 80.2%, which was comparable to the national average of 81.9%.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks and offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people with poor mental health (including patients with dementia). The practice held a register of patients experiencing poor mental health and there was evidence they carried out annual health checks for these patients. The practice regularly worked with the multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Performance for mental health related indicators was better than the CCG and national average. The practice performed well on reviewing the needs of patients diagnosed with dementia, with higher than comparator performance.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed patients response was variable for the practice but generally in line with or above local and national averages. There were 405 survey forms distributed for Benfield Medical Group and 117 forms were returned. This was a response rate of 28.9%. As the practice patient list was 8,492, this equated to 1.4% of the practice population. The results for the practice showed:

- 79% find it easy to get through to this surgery by phone compared with a CCG average of 78.5% and a national average of 73.3%.
- 85.3% find the receptionists at this surgery helpful compared with a CCG average of 87.2% and a national average of 86.8%.
- 42.7% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61.1% and a national average of 60.0%. Of the patients surveyed 57.3% stated they usually do not get to see or speak with their preferred GP.
- 85.1% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84.9% and a national average of 85.2%.
- 96.5% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 91.8%.
- 76.4% describe their experience of making an appointment as good compared with a CCG average of 74.2% and a national average of 73.3%.

- 71.8% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 67.9% and a national average of 64.8%.
- 61.7% feel they don't normally have to wait too long to be seen compared with a CCG average of 60.5% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were mostly positive about the standard of care received.

Positive comments, for example, related to, pleasant, professional and knowledgeable staff; the safe and hygienic environment; and, good overall care and treatment.

Six patients commented more negatively about the service. The majority were concerned with appointment availability. We fed this back to the practice, who said they would consider this as part of the improvement work they were undertaking with the patient participation group. We also spoke with seven patients, of which two were members of the patient participation group. They told us staff treated them with dignity and respect, and where appropriate their needs were reviewed regularly. They were all generally satisfied with the service and told us they could normally get an appointment quickly and always in an emergency.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the policy and procedures relating to the chaperone service, to ensure patients and staff are protected by having appropriately recruited and trained chaperones.
- Continue to monitor and improve their approach to infection control by regularly undertaking an audit of their infection control procedures. Also have spillage kits on site so they can safely clean any spillage of bodily fluids.
- Consider the arrangements for checking the maintenance of the cold chain for vaccines stored at the branch surgery, when no practice nurse is due to be on duty that day.
- Ensure that all staff are offered the opportunity to receive an appraisal on a regular basis.

Benfield Park Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included an additional CQC inspector, a GP and a specialist adviser with a background in practice management.

Background to Benfield Park Medical Group

Benfield Medical Group is situated in the Walkergate area of Newcastle. It is a short walk from Walkergate metro station and is situated near Walkergate Park Hospital Practice. The practice provides services to just over 8,400 patients of all ages.

Benfield Park Medical Group consists of a main surgery and branch. The main surgery is Benfield Park Healthcare & Diagnostic Centre, Benfield Road, Newcastle upon Tyne, NE6 4QD.

The branch is less than two miles away at Molineux Street NHS Centre, Byker, Newcastle upon Tyne, NE6 1SG.

We visited both of these locations as part of the inspection. The main surgery was inspected on 15 October and the branch surgery on 23 October 2015. The catchment area for the practice covers Central Newcastle, Sandyford, Shieldfield, Jesmond, parts of South Gosforth, Heaton, High Heaton, Byker, Walker, Walkergate, Walkerville and Wallsend (up to Station Road).

There is a small café shop in the health centre staffed by volunteers.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice. Both the practice locations are accessible for people with disabilities.

The practice is a training practice with three GP partners, of which two are male and one female. An additional GP partner works for the practice but has not yet completed the process to register with CQC to join the partnership. There is also one salaried GP (who is male), a nurse practitioner, two practice nurses, three healthcare assistants, of which, two also undertake administration and reception duties and a team of administrative support staff.

The opening times for the practice are as follows:-

Benfield Park Healthcare & Diagnostic Centre

- Monday 8am to 8pm
- Tuesday 8am to 8pm
- Wednesday 8am to 6:15pm
- Thursday 8am to 6:15pm
- Friday 8am to 6:15pm

Appointment times were between 8:30am and 11am each morning and 2:30pm and 5:10pm each afternoon. On Monday and Tuesday the practice appointments were also available between 4:30pm and 5:30pm and 6:15pm to 7:45pm during the extended opening hours.

Molineux Street NHS Centre

- Monday 2pm-6pm
- Tuesday 8am-12noon
- Wednesday 2pm-6pm
- Friday 8am-12noon

They serve an area with higher levels of deprivation affecting children and people aged 65 and over, when compared to the England average. The practice area is within the third most deprived decile in England. There were higher numbers of people in paid work or full time

Detailed findings

employment at 69.8% (compared to an England average of 60.2%). The unemployment rate in the area is lower than the National average at 3.5% compared to the national average at 6.2%. There were a higher proportion of disability allowance claimants (at 68.9 per 1000 population, compared to an England average of 50.3 per 1000 population).

The majority of patients are within working age, with lower numbers than the National average under the age of 16 or over the age of 65. The average male life expectancy is 78 years, which is one year lower than the England average. The average female life expectancy is 81 years, which is two years lower than the England average at 83.

The percentage of patients reporting with a long-standing health condition is slightly lower than the national average (practice population is 50.9% compared to a national average of 54.0%). The percentage of patients with health-related problems in daily life is higher than the national average (53.6% compared to 48.8% nationally). There are a lower percentage of patients with caring responsibilities at 11.2% compared to 18.2% nationally. There is a high percentage of council and rented accommodation in the area.

The practice websites sets out the estimated ethnicity profile of the practice population as predominately Caucasian, 1.6% Asian, 1.2% Black, 1.7% Chinese and 3.3% other non-white ethnic groups. More recently, the practice has received immigrants and asylum seekers from Sri Lanka, Bosnia, Turkey, Russia and Iran.

The service for patients requiring urgent medical attention out of hours is provided by the 111 service and Northern Doctors Urgent Care Limited.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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

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)

The inspector:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 15 and 23 October 2015.
- Spoke to staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. If relevant all complaints received by the practice were entered onto the system and automatically treated as a significant event. We saw each individual event had been investigated, the root cause established and any learning to be taken from it identified. This was disseminated to staff and the practice reviewed and implemented solutions to ensure they were successful. However, the practice did not review the trends of significant events over time. This meant they missed the opportunity analyse trends and themes.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had added to their induction process for registrars, to include safeguarding, to ensure staff had the knowledge and skills to carry out their work.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the local Clinical Commissioning Group (CCG) Safeguard Incident and Risk Management System (SIRMS) to report patient safety incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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.
- A notice was displayed in the waiting rooms, advising patients of the availability of a chaperone service. Staff told us it was normally the practice nurses who were asked to act as chaperones. However, if none were available reception staff had been asked to undertake this role. Although some newer non-clinical staff had been subject to a criminal records check, known as a Disclosure and Barring Service (DBS) check, others had not. These checks identify whether a person has a criminal record or is on the official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice manager confirmed they would review their policy on chaperoning and would review the need for non-clinical staff to have a DBS based on whether they would provide a chaperone service in the future.
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had identified a need to strengthen their approach to risk assessment, and as such had identified and booked training for the practice manager in November 2015. Once they had undertaken this training, the practice manager planned to review all the risk assessments in place to ensure they were sufficient and effective to help the practice fulfil their legal duty.
- The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice had not

Are services safe?

completed an annual infection control audit at the time of our visit, but sent one they had completed following the inspection. The practice said they could not locate a copy of the audit completed prior to this, but planned to undertake this on an annual basis going forward. The practice did not have in place spillage kits to safely clean any spillage of bodily fluids, such as blood or vomit.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines. Prescription pads were securely stored and there were systems in place to monitor their use
- Although there was no evidence to demonstrate vaccines had been stored outside safe temperatures, we were concerned arrangements did not follow national guidance from Public Health England at the branch surgery. On the working days when there was no practice nurse available at the branch surgery, the practice did not check the temperature of the fridges where vaccines were stored. There was no method of independently validating if a safe temperature was maintained, when the temperature was not checked each working day. The practice limited the number of vaccines stored at the branch surgery, and these were mainly flu vaccines. The practice told us they would consider how they could improve the assurance that vaccines were stored at a safe temperature.

- Recruitment checks were carried out and the five files we reviewed showed that 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 checks through the Disclosure and Barring Service (DBS) for clinical staff. The practice did not have a risk assessment in place to determine which non-clerical staff should be subject to a DBS check.
- 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

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. 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 carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.5% of the total number of points available, with 8.5% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Overall performance for diabetes related indicators (at 97.7%) was higher than the clinical commissioning group (CCG) (at 5.7% above) and national averages (at 8.5% above). This included several indicators, for example 94.2% of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less, compared to a CCG average of 91.9%. There was a 4.7% exception rate for this indicator.
- The percentage of patients with hypertension having regular blood pressure tests was better at 86.3% compared to the CCG average (1.9% above) and national average, (2.7% above).
- Performance for mental health related indicators was better than the CCG and national average. For all indicators the practice achieved 100% of the points available, which was 7.3 percentage points above the CCG average and 7.2% above the England average. For example, 95.3% percent of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in

the preceding 12 months. This was 10.6 percentage points above CCG average and 7 points above England Average. There was a 15.7% exception reporting against this indicator.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 95.5%. This was 9.5 percentage points above CCG average and 11.5 above England average, with 8.3% exception reporting.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. Prior to the inspection the practice sent us four clinical audits they had undertaken within the last few years. Of these, three were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included implementing a time bound review of vaginal ring pessaries in the management of pelvic organ prolapse and urinary incontinence. This was to ensure patients who used these were reviewed and the pessaries were changed at a regular interval. The re-audit data determined the standard had been achieved and 100% of relevant women were coded for review.

Information about patients outcomes was used to make improvements such as;

- An audit to ensure prescribing of a medicine, domperidone, was in line with current safety guidance. (Domperidone is a medicine that increases the movements or contractions of the stomach and bowel).
- An audit to ensure all non-urgent referrals for Upper Gastrointestinal Endoscopies was in line with NICE guidance.
- An audit to ensure patient with atrial fibrillation were being treated according to the updated NICE guideline. (Atrial fibrillation is an irregular and often rapid heart rate that commonly causes poor blood flow to the body.)

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- There were some staff who had not received an appraisal within the last year. The practice did not maintain a list of when appraisal had taken place or were due, which made it difficult for them to identify gaps. This information was available in individual staff files, but some were kept electronically whilst others were kept in paper copy. We saw a number of appraisal sessions had taken place for both non-clinical and clinical staff. The practice confirmed where staff had not received an appraisal within the last year; these would be arranged to take place soon.
- 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. The practice had invested in the Care Certificate for all the Health Care Assistants who worked in the practice. (The Care Certificate was developed nationally to provide assurance that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.) The health care assistants were due to start this training in November 2015.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example, when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

The practice building was also used by a number of community health services such as X-Ray, ultrasound, pulmonary rehabilitation and outpatient clinics. This allowed patients to access these services closer to home. This has also led to better coordination of care. For example, the X-Ray service provided at Benfield Park Healthcare & Diagnostic Centre was a walk-in service. This enabled patients to be seen by a GP and, when necessary, to attend the X-Ray service immediately afterwards.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80.2%, which was comparable to the national average of 81.9%. There was a policy to offer telephone reminders

Are services effective?

(for example, treatment is effective)

for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.5% to 100% and five year olds from 94.8% to 100.0%. This was the same as or higher than national averages. Flu

vaccination rates for the over 65s were 77.1%, which was higher than the national average of 73.2%. The flu vaccination rate for at risk groups was 44.7%. This was below the national average of 52.3%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 33 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with two members of the practice's patient participation group (PPG) on the day of our inspection. 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.

The latest GP Patient Survey published in 2015 showed the majority of patients were satisfied with their overall experience of the GP surgery (at 83.8%), this was comparable but lower than the local Clinical Commissioning Group (CCG) average (at 86.3%) and England average (at 84.8%).

The practice was just below average on most of the satisfaction scores on consultations with doctors and nurses. For example:

- 88.0% said the GP was good at listening to them compared to the CCG average of 90.4% and national average of 88.6%.
- 82.3% said the GP gave them enough time compared to the CCG average of 88.3% and national average of 86.6%.

- 90.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.7% and national average of 95.2%
- 78.4% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86.8% and national average of 85.1%.
- 91.5% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.7% and national average of 90.4%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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. The majority of 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 responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 83.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.8% and national average of 81.4%.
- 94.8% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84.9% and national average of 81.5%

Staff told us that translation services were available for patients who did not have English as a first language. However, there was no information displayed in waiting areas to highlight this to patients. Staff told us they informed people of this service where appropriate.

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. There was a practice register of all people who were carers and 36 patients (0.4%) of the practice list had been identified as carers and were being supported, for

Are services caring?

example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, they participated in local audits and data collections to bench mark their performance and identify areas where they could improve.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered extended hours on a Monday and Tuesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice provided services from two locations to enable people to access the service closer to where they lived and to take into account the limitations of local public transport facilities.
- Other reasonable adjustments were made and action was taken to remove barriers when people find it hard to use or access services. The practice was in the process of producing an easy read version to their website to help people with learning disabilities to understand it. They also produced other information in easy read such as information leaflets and the practice complaints leaflet.
- A nurse practitioner ran a sexual health and contraception drop-in clinic weekly from the branch site at the Molineux Street NHS centre, aimed at the practice's large population of 18-24 year old patients.
- The practice had an on-site shop at their main surgery manned by volunteers selling refreshments to patients and staff.

Access to the service

The main surgery at Benfield Park was open each day (Monday to Friday) at 8.00am to 6.15pm, with extended hours on a Monday and Tuesday until 8pm. Appointment

times were between 8:30am and 11am each morning and 2:30pm and 5:10pm each afternoon. On Monday and Tuesday the practice appointments were also available between 4:30pm and 5:30pm and 6:15pm to 7:45pm during the extended opening hours.

The branch surgery was open four days a week as follows :-

- Monday 2pm to 6pm
- Tuesday 8am to 12noon
- Wednesday 2pm to 6pm
- Friday 8am to 12noon

The practice website and leaflet contained information about the opening hours of the main surgery, but did not include information about the branch opening times. Practice staff told us they informed patients of the opening times for the branch when they contacted the practice to make an appointment. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was slightly higher than local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 82.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.6% and national average of 74.9%.
- 79% patients said they could get through easily to the surgery by phone compared to the CCG average of 78.5% and national average of 73.3%.
- 76.4% patients described their experience of making an appointment as good compared to the CCG average of 74.2% and national average of 73.3%.
- 71.8% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67.9% and national average of 64.8%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

We saw that information was available to help patients understand the complaints system including posters displayed in the practice waiting areas, a summary leaflet and information available in an easy read version.

We looked at 11 complaints received between January and June 2015 and found these were handled satisfactorily, dealt with in a timely way and there was openness and transparency with dealing with the complaint.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice clarified their approach to paid services for those patients who were not eligible for NHS services.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had an overall aim to 'provide high quality, sustainable, patient centered care in a safe environment, delivered by motivated and well trained staff in a way that is respectful and personalised'. This was set out in the practice statement of purpose.

The practice was developing a robust strategy and supporting business plans which reflected the vision and values and were regularly monitoring this.

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;
- There was a comprehensive understanding of the performance of the practice;
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements;
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

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 that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. However, we noted there were no internal clinical meetings which included GPs and practice nursing staff. This meant there were no opportunities for

clinical staff as a group within the practice to share knowledge and learning. 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. They had gathered feedback from patients through their patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. Members of the PPG also volunteered their services to the on-site shop, which offered refreshments to patients and staff. This was a not for profit venture with all funds raised donated to the practice to buy medical equipment and other items which were identified as beneficial to patients. This fund was administered by the practice Patient Participation Group. Members of the PPG gave us examples of how this fund had been used. For example, they told us a sign had been purchased to encourage those waiting at reception to stand back and give privacy for the patient at the front of the queue.

NHS England guidance states that from 1 December 2014, all GP practices must implement the NHS Friends and Family Test Survey (FFT). (The FFT Survey 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). The latest results from September 2015 were positive and showed from the 44 patients who responded 41 would be either extremely likely or likely to recommend the practice to friends and family if they needed similar care or treatment. Those who were unlikely to recommend the practice commented on the availability of specific services out of normal work hours and the attitude of reception staff as the reason.

As a result of FFT results the practice had agreed an action plan with the PPG to improve the service they offered. We reviewed this and saw the key priorities were identified as:-

Are services well-led?

Good 

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

- Improve the use of technology on appointment bookings and prescription ordering;
- Increase appointment capacity and appointment booking system;
- Improve front of house customer service.

The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

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

team was forward thinking and were part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was actively engaged in the local GP federation and was exploring ways to improve services and create efficiencies across the locality. (A GP federation is where a number of GP practices enter into some kind of collaborative arrangement with each other). The practice participated in local research projects. For example, the practice were part of a project to explore self-management planning for chronic obstructive pulmonary diseases (COPD) to reduce avoidable hospital re-admission, anxiety and depression in the North-East of England. COPD is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease. People with COPD have difficulties breathing, primarily due to the narrowing of their airways.)