

# The Headland Medical Centre

## Quality Report

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Date of inspection visit: 24 November 2015  
Date of publication: 06/05/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

<b>Overall rating for this service</b>	<b>Good</b> 
Are services safe?	<b>Requires improvement</b> 
Are services effective?	<b>Good</b> 
Are services caring?	<b>Good</b> 
Are services responsive to people's needs?	<b>Good</b> 
Are services well-led?	<b>Good</b> 

# 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 The Headland Medical Centre on 24 November 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.
- 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.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment as the practice was operated on a walk-in-basis. They did say that they could usually see a named GP.
- 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.

Areas of outstanding practice:

The practice has an open access walk in and wait appointment system although there were some pre-bookable appointments available each morning.

The area where the provider should make improvement is:

# Summary of findings

- Ensure there are effective arrangements in place to ensure that vaccines and other medicines stored in the refrigerators are stored at the correct temperatures and appropriate records are maintained.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure training records are made available and personal development plans are in place.
- Develop a website, thus making more information available to the patients of the practice.

**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 requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

However we found that the management and storage of vaccinations along with the cold-chain (The 'cold chain' is a system of transporting and storing vaccines within a recommended temperature range of 2 to 8 degrees Celsius) procedures were in need of improvements.

We also found that the practice was not fully following their procedure in respect of staff recruitment.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However it was unclear how up to date staff were with their mandatory training.
- There was evidence of appraisals for staff although personal development plans were not in place.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data showed that patients rated the practice comparable to others for several aspects of care. 87.1% of respondents said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 87.6% and national average of 88.6%.
- 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.

- It was however noted that there was no website available. The practice manager confirmed this was an area they were looking to develop.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- They reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to have a consultation with a named GP and that there was continuity of care.
- The practice had an open access walk in and wait, appointment system as well as some pre-bookable appointments available each morning
- The practice had very 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.

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

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- They were responsive to the needs of older people, and offered home visits and urgent 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 medicines 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 requires improvement 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.
- 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.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Requires improvement



# Summary of findings

However the babies and children's' immunisation programme had to be postponed due to concerns about the management of the vaccinations, particularly around the fridge temperatures. These recommenced shortly after the inspection once the appropriate action had been taken.

## **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. 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 a full range of health promotion and screening that reflects the needs for this age group.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- They offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- They 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.

Good



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

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- They carried out advance care planning for patients with dementia.

Good



# Summary of findings

- The practice had told patients experiencing poor mental health 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 where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

We spoke with 15 patients during the inspection and received eight completed Care Quality Commission (CQC) comments cards in total. All of the patients we spoke with said they were happy with the service they received.

Results from the National GP Patient Survey July 2015 (from 110 responses received from the 375 survey forms distributed, a response rate of 29.3%) demonstrated that the practice was performing above the local and national averages.

- 97.9 % found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 88.6% found the receptionists at this surgery helpful (CCG average 89%, national average 87%).
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).

- 98.7% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 89.1% described their experience of making an appointment as good (CCG average 73%, national average 73%).

The practice had a Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

Patients we spoke with told us they were aware of chaperones being available during examinations. They told us staff were helpful and treated them with dignity and respect. We were told that the GPs, nurses and reception staff explained processes and procedures and were available for follow up help and advice. They were given printed information when this was appropriate.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure there are effective arrangements in place to ensure that vaccines and other medicines stored in the refrigerators are stored at the correct temperatures and appropriate records are maintained.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure training records are made available and personal development plans are in place.
- Develop a website, thus making more information available to the patients of the practice.

## Outstanding practice

The practice has an open access walk in and wait appointment system although there were some pre-bookable appointments available each morning.

# The Headland Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser as well as an expert by experience.

### Background to The Headland Medical Centre

The Headland Medical Centre is situated on the headland in Hartlepool and provides services under a personal medical services (PMS) contract to the practice population of 5366, covering patients of all ages and population groups.

The practice has two GP partners. There is a practice manager supported by a team of reception and administration staff, one nurse practitioner and three practice nurses.

### Why we carried out this inspection

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

### How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 November 2015.

During our visit we:

- Spoke with a range of staff, including two GPs, two practice nurses, the practice manager and administration/reception staff and spoke with patients who used the service.
- Spoke with a member of the Patient Participation Group.
- Observed the interaction between staff and patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed a range of records.

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

# Detailed findings

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of their significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. These were discussed at the most relevant meetings, whether that be monthly practice meetings, nursing meetings or administration meetings. No persistent themes were identified and all were well documented, with actions, learning and outcomes clearly stated.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- All staff who acted as chaperones were trained for the role and were the registered nurses.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). This was with the exception of the vaccinations for which there was no cold-chain procedure. Also the records and procedures to show that the vaccines were being stored appropriately and safely were not fully completed, as such it was unclear if they had been stored at the correct temperature. As a result the immunisation of babies and children was postponed until such time as the systems were safe and effective. Confirmation of this was received following the inspection.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed three personnel files and found that appropriate recruitment checks had not been undertaken prior to employment; this was as a result of lack of records to demonstrate that these checks had been undertaken.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working

## Are services safe?

properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

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

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training.
- 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.

There was no evidence that staff had been involved in fire drills for some time. The practice manager acknowledged this and planned to undertake one in the near future. Fire checks were however undertaken and equipment was regularly serviced and maintained.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the 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). The most recent published results were 98.2% of the total number of points available. Practices can exclude patients which is known as 'exception reporting', to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contra indication or side-effect. Lower exception reporting rates are more positive. The practice exception reporting rate was 6.5% which was below the local CCG and the same as the national average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was slightly below the CCG and national average. 75 points out of 86 points were achieved.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was better than the national average by 2.2 points.
- Performance for mental health related indicators was below than the CCG and national average at 76.9.
- The dementia diagnosis rate was 96.2% which was above the CCG and national average.

Clinical audits demonstrated quality improvement.

- The practice had completed some audits recently, mainly some single cycle and observational studies but with some two cycle audits. An example included a gout audit that had been completed and there was evidence of re-audit.
- Unplanned hospital discharges are followed up well and there was a robust coding and information handling system.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

From a clinical perspective, we saw that this practice provided responsive community focussed care and was much appreciated by its patients who valued the same day access provided. We did however find that care plans could be enhanced further to demonstrate effective patient engagement.

### Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions and taking samples for the cervical screening programme. The practice was in the process of obtaining further vaccination training so that nursing staff could receive their required updates.
- 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. All staff had had an appraisal within the last 12 months. Further learning and development plans needed to be developed as a result of the appraisals.
- Staff we spoke with told us they had received mandatory training that included: safeguarding, fire procedures, basic life support and information

# Are services effective?

(for example, treatment is effective)

governance awareness. The practice manager had reviewed staff training since being in post. He had introduced on-line training and training passports. The practice manager was also in the process of updating information in respect of training as all of the staff records were not available within the practice.

## Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- They had clinical meetings every six weeks with GPs and nurses and the McMillan nurses and discussed cancer diagnoses and deaths.
- The practice participated in the collaborative nursing home visit group whereby a GP is allocated a named nursing home, which they visit on a weekly basis. Treatment and interventions were shared with the relevant patient's GP and care plans updated as a result.

The practice also provided workspace for other agencies. This included space for health trainers who carried out weekly smoking cessation and weight management sessions. There was provision for a person from the local authority who offered employment advice and support to patients who had been on long-term sick to help them return to work.

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audit to ensure they met the practices responsibilities within legislation and followed relevant national guidance.

## Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Plans were underway for the local carers support group to attend the practice on a fortnightly basis to provide additional support to patients who may be in need of other services.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 78.34%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80.4% to 95.4% and five year olds from 88.9% to 97.5%. Flu vaccination rates for the over 65s were 69.81%, and at risk groups 58.25%. The CCG average for over 65s was 73.2% and the under at risk groups was 50.8%.

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 had been 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. 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.

All of the eight patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Both its clinical staff and reception staff were highly valued by its patients.

We also spoke with a member of the PPG on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Carers told us more vulnerable patients who were always escorted by a carer were treated with dignity and respect and fully involved in their consultation.

Data from the National GP Patient Survey July 2015 showed from 110 responses that performance in many areas is higher than local and national averages for example;

- 87.1% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 90.8% said the GP gave them enough time (CCG average 87%, national average 87%).
- 98.5% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)

- 95.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 88.6% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

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

Patients we spoke with on the day of our inspection 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. They also said they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The results were higher than local and national averages. For example:

- 84.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 83.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%)

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

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

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 84.4% said the last GP they spoke to was good at treating them with care and concern (CCG average 85.5%, national average 85.1%)

Reception staff had received appropriate Carers Awareness training and the practice had a Carers' Champion. Notices in the patient waiting room told patients how to access a

## Are services caring?

number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer so extra consideration and allowances could be made. Written information was available for carers and the practice had links with the local Carer's Support Centre.

Posters, prescriptions and other communications asked patients to inform the practice if they were carers. The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. They participated in the Better Care for at risk patients service as well as the nursing home visit group.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice participated in the Out of Area Enhanced Service. This allowed them to provide services to patients who spent the majority of the week in the area but travelled away at weekends, for example, students.

### Access to the service

The practice was open between 08:00 and 18:00 Monday to Thursday and between 08:00 and 17:00 on a Friday. Appointments were from 09:00 to 11:00 and 14:00 to 16:00 daily. Extended hours were offered on a Monday between 18:30 and 21:00. 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 comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 82.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 97.9% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 89.1% patients described their experience of making an appointment as good (CCG average 73%, national average 73%).
- 39.8% patients said they usually waited 15 minutes or less after their appointment time (CCG average 70%, national average 65%). However, this is related to the way in which appointments were made with the service predominantly providing appointments on a walk-in basis.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system as well as on the practice's website.

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

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practices stated goal included, “We wish to remain focused on providing excellent Primary Care services for our patients and will continue to encourage and reflect upon their feedback”.
- Staff spoke of being well supported and said they had a shared ethos with great team working and communication.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Staff said they thought the practice was open with good governance arrangement and was reflective.

### 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 staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- 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 ensured 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 provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings. A meeting took place each Monday.
- Practice meetings were well minuted. Communication with staff was verbal, written and electronic.
- 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.
- 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. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had a newly commenced PPG.

- We looked at PPG meeting minutes from October 2015, which was the first meeting and November 2015. The

# Are services well-led?

Good 

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

PPG had a good constitution including a confidentiality agreement. Early suggestions included a patient newsletter and working with Hartlepool carers group, which we saw was underway.

## **Continuous improvement**

There was a strong focus on continuous improvement at all levels within the practice. A business plan was

available and an application to become part of the Federation had also been submitted. The practice had recently signed up to the Reduction in Variation and Improved Efficiency (RIVIE) scheme. This was a scheme working alongside two other GP practices in Hartlepool. It aimed to share best practice, to reduce variation and to improve the value of care offered to patients.