Drs Stocking, Lyle, Summers, Raeburn, Threadgold and Diane Yates (also known as The Coatham Surgery)

Quality Report

The Coatham Surgery
Coatham Health Village
Coatham Road
Redcar
TS10 1RJ
Tel: 01642 483638
Website: http://www.coathamsurgery.co.uk/

Date of inspection visit: 22 July 2015
Date of publication: 12/11/2015

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

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 3

The six population groups and what we found 5

What people who use the service say 7

Areas for improvement 7

Detailed findings from this inspection

Our inspection team 8

Background to Drs Stocking, Lyle, Summers, Raeburn, Threadgold and Diane Yates (also known as The Coatham Surgery) 8

Why we carried out this inspection 8

How we carried out this inspection 8

Detailed findings 10

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Coatham Surgery on 22 July 2015. Overall the practice is rated as good.

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.

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

- Patients who used the service were kept safe and protected from avoidable harm. The building was well maintained and clean.
- All the patients we spoke with were positive about the care and treatment they received. Patients told us they were treated with dignity and respect and staff were caring, professional and helpful.
- There was good collaborative working between the practice and other health and social care agencies that ensured patients received the best outcomes. Clinical decisions followed best practice guidelines.
- The practice met with the local Clinical Commissioning Group (CCG) to discuss service performance and improvement issues.
- There were good governance and risk management measures in place. The leadership team were visible and staff we spoke with said they found them very approachable.

However there were areas of practice where the provider should make improvements

- Ensure all recruitment checks are carried out in line with the practice policy.
- Ensure all staff are up to date with mandatory training.
- Ensure the practice has a written strategy which outlines their vision and plans for the future.

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?

Good

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 to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed on the whole patient outcomes were at or above average for the locality. 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 all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients told us they could get an appointment with a named GP and urgent appointments were 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 the practice responded to complaints and comments appropriately.

Summary of findings

Are services well-led?

Good

The practice is rated as good for being well-led. The leadership team was visible and it had a clear vision and purpose. Staff were clear about the vision and their responsibilities in relation to this. There was a leadership structure and staff felt supported by management. Governance arrangements were in place and there were systems for identifying and managing risks. Staff were committed to maintaining and improving standards of care. Key staff were identified as leads for different areas in the practice and staff were clear who the leads were. Staff were well supported by the GPs and practice manager.

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

Good

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service and actively reviewed the care and treatment needs of these patients. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. Patients over the age of 75 had a named GP. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

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.

Families, children and young people

Good

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. The practice offered comprehensive vaccination programmes which were managed effectively. Immunisation rates were relatively high for all standard childhood immunisations. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns.

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. There was a midwife clinic held at the practice and patients' care was shared between the midwife and GPs.

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 this

Summary of findings

population group 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 provided a range of options for patients to consult with the GPs and nurses. The practice was proactive in offering online services. Useful information was available in the practice and on the website as well as a full range of health promotion and screening that reflected 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 where necessary, of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice offered these patients longer appointments. We found that all of the staff had a very good understanding of what services were available within their catchment area, such as supported living services, care homes and families with carer responsibilities.

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. They had access to the practices' policy and procedures and discussed vulnerable patients at the clinical meetings.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients who experienced mental health problems including dementia. The register supported clinical staff to offer patients an annual appointment for a health check and a medicines review. Data for 2013/2014 showed 65% of patients diagnosed with dementia had received a face to face review in the previous 12 months; this was 13.1% below the local CCG and 12.9% below the national average.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Information was available for patients on counselling services and support groups. An in house counselling service was available for patients suffering from depression.

Summary of findings

What people who use the service say

The National GP patient survey results published on the 15 June 2015 showed the practice was performing above or in line with local CCG and national average in most areas. There were 276 survey forms distributed for the Coatham Surgery and 113 forms were returned, a response rate of 41%.

- 66% find it easy to get through to this surgery by phone compared with a CCG average of 77% and a national average of 73%.
- 92% find the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 58% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 59% and a national average of 60%.
- 83% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 95% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 68% describe their experience of making an appointment as good compared with a CCG average of 76% and a national average of 73%.
- 70% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 72% and a national average of 65%.
- 73% feel they don't normally have to wait too long to be seen compared with a CCG average of 64% and a national average of 58%.

Feedback on the comments cards and from patients we spoke with reflected the results of the national survey.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 completed comment cards which were positive about the standard of care received. Patients said staff were polite and helpful and always treated them with dignity and respect. Patients described the service as excellent and very good and said the staff were friendly and caring and they were treated with respect.

We spoke with 11 patients during the inspection including three members of the patient participation group. They also confirmed that they had received very good care and attention and they felt that all the staff treated them with dignity and respect.

We looked at the results of the Practice's 'Family and Friends' survey results for Dec 2014 to March 2015. They were also positive about the services delivered.

Areas for improvement

Action the service SHOULD take to improve

- Ensure all recruitment checks are carried out in line with the practice policy.
- Ensure all staff are up to date with mandatory training.
- Ensure the practice has a written strategy which outlines their vision and plans for the future.

Drs Stocking, Lyle, Summers, Raeburn, Threadgold and Diane Yates (also known as The Coatham Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector and included a second CQC Inspector, a GP Specialist Advisor, a Practice Manager Specialist Advisor and an Expert by Experience.

Background to Drs Stocking, Lyle, Summers, Raeburn, Threadgold and Diane Yates (also known as The Coatham Surgery)

The Coatham Surgery is situated in the centre of Redcar and provides services under a General Medical Services (GMS) contract with NHS England, Durham, Darlington And Tees Area Team to the practice population of 7506, covering patients of all ages.

The proportion of the practice population in the 65 years and over age group is higher than the England average. The practice population in the under 18 age group is lower than the England average. The practice scored four on the deprivation measurement scale which goes from one to ten, one being the lowest decile. People living in more deprived areas tend to have greater need for health services. The overall practice deprivation score is higher than the England average, the practice is 27.2 and the England average is 23.6.

The practice has four GP partners, three male and one female. There is a practice manager, two nurse practitioners, four practice nurses, one health care assistant and a phlebotomist. The practice has an office manager and a team of secretarial, administration and reception staff.

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patients use the 111 service to contact the OOHs provider. The Out of Hours service is provided by Northern Doctors Urgent Care (NDUC). Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

The practice is open between 8.00am to 6.00pm Monday to Friday. Appointments are from 9.00am to 5.50pm daily. The practice, along with all other practices in the South Tees CCG area have a contractual agreement for NDUC to provide OOHs services from 6.00pm and this has been agreed with the NHS England area team.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out an announced inspection 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)

Before visiting, we reviewed a range of information we held about the service and asked other organisations to share what they knew about the service. We reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on the 22 July 2015.

During our visit we spoke with a range of staff including two GPs, two practice nurses and a health care assistant. We also spoke with the practice manager and office manager, a receptionist, the secretary and one administrator. We spoke with 11 patients who used the service and observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone. We also reviewed 36 CQC comment cards where patients were able to share their views and experiences of the service.

Good

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 apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents. There was also a paper form and a form available on the practice's computer system that staff could complete. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

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, a past medication was re-activated when a repeat prescription request was received. This was discussed with the member of staff and the patient. The repeat prescription protocol was revisited and all staff made aware of the incident to ensure the protocol was being implemented correctly.

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 National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had clearly defined 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. GPs had attended safeguarding children and adult training. All the staff we spoke with demonstrated they understood their responsibilities and knew what to do if they had a safeguarding concern. However some staff needed their training to be updated.
- Information telling patients that they could ask for a chaperone was visible in the consulting rooms and the waiting area. Nursing staff acted as chaperones and understood their responsibilities, including where to stand to be able to observe the examination. Nursing staff had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had a fire risk assessment and fire wardens were available for each area of the practice. Fire drills had not been carried out but staff were able to describe the action they would take in the event of a fire. 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 safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the nurses was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Annual infection control audits and quarterly monitoring were undertaken and we saw evidence that actions were identified as a result.
- The arrangements for managing medicines in the practice, including emergency drugs and vaccinations, 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 for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

Good

Are services safe?

- The practice had a recruitment policy which outlined the process and checks to be undertaken for all new staff. Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken. For example, proof of identification, references, qualifications, registration with the appropriate professional body. Disclosure and Barring Service checks had been undertaken for the nurses and GPs.
- 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. Staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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 patients' needs. The practice monitored that these guidelines were followed through audits.

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. Results from 2013/2014 showed the practice achieved 80% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. The practice was aware that their QOF scores were lower than previous years in some areas and had an action plan in place to address this. Data from 2013/14 showed;

- Performance for diabetes related indicators was 76.4% which was 15.8% below the local CCG and 13.7% below the national average.
- Performance for heart failure was 100% which was 5.3% above the local CCG and 2.9% above the national average.
- Performance for palliative care was 100% which was 3.1% above the local CCG and 3.3% above the national average.
- Performance for dementia was 72.8% which was 17.4% below the local CCG and 20.6% below the national average.

Clinical audits and quality improvement activities were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We were shown four clinical audits and quality improvement activities that had been completed in the last two years, and saw where improvements or changes in practice had been identified. There was one audit with a completed cycle. The practice participated in applicable local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve services. For example, an audit had been undertaken to ensure GPs were following NICE guidance for the examination of feverish children. The practice reviewed all the patients who had attended with a temperature and found that not all information was been included about the examination undertaken. The audit was repeated after six months and improvements had been made to show that staff were following the feverish children NICE guidelines.

Effective staffing

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

- The practice had an induction programme for newly appointed 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 on-going support during meetings, peer support, appraisals, facilitation and support for the revalidation of doctors. Staff were having regular appraisals and we saw records showing appraisals had been undertaken in previous years.
- Staff told us they 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. Not all staff were up to date with mandatory training. However we saw that training had been booked, for example child protection and basic life support. There was no training matrix in place which outlined what training each member of staff required, when they had attended and when any refresher training was due.

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

Good

Are services effective?

(for example, treatment is effective)

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 on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a bi-monthly basis and that care plans were routinely reviewed and updated.

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.

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, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems. Patients were then signposted to the relevant service. An in house counselling service was available for patients suffering from depression. Smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. QOF data from 2013/2014 showed the practice's uptake for the cervical screening programme was 82.74%, which was 1% above the national average. 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. The percentage of patients aged 40 or over who had a record of blood pressure in the preceding 5 years was 92.4% which was 2.4% above the local CCG average and 4.3% above the national average.

Data from 2013/2014 showed childhood immunisation rates for the vaccinations given were above or comparable to the CCG and national averages for children aged 12 months, two and five years. For example, childhood immunisation rates for the vaccinations ranged from 83.3% to 100%. Flu vaccination rates for at risk groups were the similar to the CCG and national average for patients over 65 and those in at risk groups such as chronic obstructive pulmonary disease, heart disease and diabetes.

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.

Good

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.

Patient feedback on the CQC comment cards and from patients we spoke with was very positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in June 2015 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was similar to or above the local CCG and national average for consultations with doctors. It was above the local CCG and national average for its satisfaction scores on consultations with nurses. For example:

- 86% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 90% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 98% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 97% said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.
- 92% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

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. 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. The results were similar to local CCG and national averages for the GPs and above for the nurses, for example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.
- 97% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 91% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. There was no notice in the reception area informing patients the translation service was available.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

There was information available in the waiting room for patients about 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. Information was available on the website for carers to ensure they understood the various avenues of support available to them.

Patients who were receiving end of life care and their relatives or carers were given the telephone numbers of the GPs in the practice so they could be contacted out of hours. Staff told us that if families had suffered bereavement, their usual GP contacted them and 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.

Good

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, the practice worked with the CCG and the community matron to identify their patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admissions or A/E attendances.

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

- There were longer appointments available for people with a learning disability.
- Appointments could be made on line, via the telephone and in person.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available. There was a hearing loop available for patients who had hearing difficulties.
- The practice had employed an additional nurse practitioner who was commencing work in September 2015 and an additional outreach nurse who was undertaking reviews for housebound patients.
- The practice had installed a new telephone system to change it from a call queuing system to one where the system 'hunts' for the next available phone which is logged into by a member of staff.
- An employment advisor attended the practice once a week to work with patients and assist them back into employment.

Access to the service

The practice was open between 8.00am to 6.00pm Monday to Friday. Appointments were available from 8.00am to 5.50pm daily. The practice, along with all other practices in the South Tees CCG area had a contractual agreement for the Northern Doctors Urgent Care service to provide Out of Hours services from 6.00pm Monday to Friday. This had been agreed with the NHS England Area Team.

In addition to pre-bookable appointments that could be booked up to one month in advance, urgent appointments were also available for people that needed them. If patients needed to be seen urgently they would be fitted in that day and staff explained they may have a wait until the GP saw them. Three patients we spoke with told us they had rang up that morning and got an appointment the same day.

Results from the national GP patient survey published in June 2015 showed that patient's satisfaction with how they could access care and treatment was below the local CCG average and national averages. This reflected the feedback we received on the day. For example:

- 74% of patients were satisfied with the practice's opening hours compared to the local CCG average of 79% and national average of 75%.
- 66% patients said they could get through easily to the surgery by phone compared to the local CCG average of 77% and national average of 73%.
- 68% patients described their experience of making an appointment as good compared to the local CCG average of 76% and national average of 73%.

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.

We saw that information was available to help patients understand the complaints system. Information was on the practice website, in the patient information leaflet and displayed in the waiting room. We saw that the complaints policy had details of who patients should contact and the timescales they would receive a response by. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. We saw that patients were involved in the complaint investigation and the practice was open when dealing with the complaint.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Lessons were learnt from concerns and complaints and action was taken to 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 vision/ethos to deliver high quality care and promote good outcomes for patients. This was displayed on the website although it was not displayed in the practice for patients and staff to see. Staff we spoke with knew and understood their vision/ethos. The practice did not have a written strategy or supporting business plan which outlined how they would deliver their vision/ethos.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practice standards to provide good quality care. This outlined the structures and procedures in place and ensured:

- 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. Some of the policies needed to be updated.
- 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. Action plans needed to identify who was responsible, what the date was for completion and when they were completed.

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. Some staff commented that they did not see the GPs as often since they had moved to the new practice building as facilities were now spread out over three floors. The partners encouraged a culture of openness and honesty.

Leads had been identified for key areas including infection control, governance and safeguarding although not all staff were clear who the lead was for some areas. We saw that leads were clearly identified and there was a list of the clinical areas staff were responsible for at each workstation. This list did not include all areas, for example safeguarding leads. The practice manager told us they would add all the areas different staff were the leads for onto the list.

Staff told us that team meetings were held approximately every two months and also ad hoc in between if any issues needed to be discussed. Minutes were not always kept of the topics discussed but staff told us significant events, complaints, audits, new guidelines and patient feedback were discussed. 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 felt confident in doing so and felt supported if they did. Staff said they felt valued and supported by the GPs and practice manager.

One of the partners was the Clinical Director for the local OOHs service and they produced a quarterly 'Clinical Bulletin' which was shared with the partners and nurses in the practice and with staff in other practices in the area. Topics covered in the bulletin included learning from significant events, complaints and audits, updates on clinical guidelines and prescribing issues.

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. It had gathered feedback from patients through surveys and complaints received. For example survey results showed patients satisfaction with the reception staff was 76%. A training session was organised on how to manage patients' expectations and communication in February 2015. Survey results in June 2015 showed satisfaction with the receptionists was 92%.

The practice had also gathered feedback from staff, 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

Are services well-led?

Good

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

The practice was involved in a local pilot scheme which was commencing in September 2015 to provide extended hours from 6.00pm to 9.00pm weekdays and 8.00am to 8.00pm on weekends. This was to improve access for patients out of hours.