

Hartfields Medical Practice

Quality Report

Hartfields Extra Care Village
Hartfields Manor
Hartfields
Hartlepool
Cleveland
TS26 0US

Tel: 01429 869526

Website: www.intrahealth.co.uk

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hartfields Medical Practice on 25 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, there was a corporate approach from the Intra Health senior governance board for the provider to centrally review all serious risks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The majority of the patients said they found it easy to make an appointment. The practice used a long term locum GP as they had been unable to employ a salaried GP for a short fixed term contract. On the days that no locum was in the practice, cover was provided by an Advanced Nurse Practitioner (ANP). There had been some comments from patients about difficulties in the continuity of care with a named GP. We saw that urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was situated in an older person's retirement village.
- 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. The long term locum GP was not actively involved in providing clinical leadership, which was provided by the clinical director corporately, the ANP and practice nurse.
- The provider was aware of and complied with the requirements of the Duty of Candour. This means providers must be open and transparent with service users about their care and treatment, including when it goes wrong.

Summary of findings

The areas where the provider should make improvement are:

- Address the ongoing problems with phone lines which intermittently stop working.
- Carry out clinical audits and re-audits to improve patient outcomes.

- Ensure staff are aware of the Deprivation of Liberties safeguards (DOLs).

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was limited evidence that audit was driving improvement in performance to improve patient outcomes other than in the area of prescribing.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others 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.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice was established with a zero patient list in 2009 with a five year contract which has been extended. There is consultation ongoing to discuss the future of the practice.
- The majority of patients said they found it easy to make an appointment with the long term locum GP or ANP. However these staff were only available in the practice on fixed days and continuity of care was not always available, although urgent appointments and those for children were available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded 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.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The management team encouraged a

Good



Summary of findings

culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population. The older population in the practice was below the national average despite being housed in the retirement village.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Every patient over 75 had a named GP.
- Patients who were carers were identified and added to the carers' register. Information about support groups and useful contact details was provided. The practice worked alongside Hartlepool carers and the GP liaison officer attended the surgery every two weeks interacting with patients to find and recognise unknown carers.

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.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example, the proportion of patients on the diabetes register with a record of foot examinations in the preceding 12 months was 95% which was above the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice nurse, ANP and GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice provided Healthy Heart and Healthy Lung checks for the practice population between the ages of 40-74.

Good



Families, children and young people

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

Good



Summary of findings

- 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 average for all standard childhood immunisations.
- Nationally reported data from 2014/2015 showed 83.8% of patients diagnosed with asthma, on the register, had had an asthma review in the last 12 months which was above the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data from 2014/2015 showed the proportion of women aged 24 -64 who had had cervical screening performed was 95.8% which was above the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered well women and well men clinics.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected 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 homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



Summary of findings

- The practice informed 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)

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.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice 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 patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 1 January 2016. The results showed the practice was performing above the local and national averages. 257 survey forms were distributed and 104 were returned. This represented 4.3% of the practice's patient list.

- 85% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 74%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 94% described the overall experience of their GP surgery as fairly good or very good (CCG average 85%, national average 85%).

- 84% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 77%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received. However one person commented that the sometimes appointments do not run on time.

We spoke with five patients during the inspection and two members of the PPG. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. The friends and families test data corroborated these findings.

Hartfields Medical Practice

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.

Background to Hartfields Medical Practice

Hartfields Medical Practice is situated in a purpose built older people's retirement village surrounded by a new housing development. The practice opened in April 2009 with a zero list as an Alternative Primary Medical Service (APMS). The contract was for five years and currently the contract has been extended until March 2017. The practice attributes some of the difficulties in attracting a salaried GP over the past year to the uncertainty of the practice's future.

Despite the practice being in a retirement village there is a lower than average number of older people and a large number of younger people on the practice list compared to the practice average across England. There are 2392 patients on the practice list. There are two locum GPs, both male, working a total of three days per week. The practice is also supported by two ANPs and a practice nurse. The ANP works three days per week when there is no locum GP in the practice. During this time they are supported by GPs and the medical director remotely from other practices in the intrahealth group, should they require clinical assistance. The ANP told us they felt well supported by these clinicians. There is a primary support manager who provides direction and managerial support to this practice and three others. The practice has a practice supervisor and other administration staff.

The practice is open from 8am to 6.30pm, Monday to Friday. The practice does not provide extended hours. We saw that appointments can be booked by walking into the practice, by the telephone and online. The practice does not use a telephone triage system. However telephone slots are offered to patients requesting a call back from the GP or nurse. These are booked at the end of each surgery. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by Northern doctors via the NHS 111 service. The practice is situated on the outskirts of Hartlepool. There is parking available at the practice and nearby. There are good transport links and access to public transport. For the majority of patients the practice is within walking distance.

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. 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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 February 2016. During our visit we:

- Spoke with a range of staff, the senior manager from intrahealth, senior support manager, a range of administration staff, the long term locum GP, medical director, practice nurse and ANP.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. However the practice did not clearly identify who was responsible for actions and when the actions would be reviewed. We saw that there was an intermittent problem with the telephone system in the practice. There was no review date or named person identified to ensure plans put in place to address this were effective.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the process for home visits in the practice had been improved to meet the needs of patients. The time slots for home visits had been extended and the documentation improved. To maximise the availability of clinical staff appointment time, enquiries from patients about medication were picked up by the intra health pharmacist.

When there were unintended or unexpected safety incidents, patients received reasonable support, information, verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice also escalated concerns and incidents to the organisations corporate governance board for further review and action.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of

staff for safeguarding. The ANP had recently added safeguarding as a regular agenda item for practice meetings. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding level 3. However we saw that the policy did not include the name of the safeguarding lead for children and vulnerable adults.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw that the company pharmacist was available to deal with questions and concerns relating to medication from patients and staff. Prescription pads were securely stored and there were systems in place to monitor their use. The practice had weekly input from two ANPs who were Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical director and a named GP outside of the practice. They felt supported and able to receive support whenever required. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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. We spoke with one clinical member of staff who was not aware of what to do in dealing with an emergency in the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 and 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 94.8% of the total number of points available, and an 11.2% exception reporting. This is the same as the CCG average, 2% above England Average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/15 showed;

- Performance for diabetes related indicators was above the CCG and national average.

The percentage of patients with diabetes, on the register, who had had the influenza

immunisation in the preceding (01/04/2014 to 31/03/2015) was 98.5% which was above the national average of 94% and the CCG average of 97%.

- The percentage of patients with hypertension having regular blood pressure tests was 86.5% which was above as the national average 83% and the CCG average of 86.1%.

- The dementia diagnosis rate whose care has been reviewed in a face-to-face review in the preceding 12 months was 74.1% which was below the national average of 84% and the CCG average of 84%.

Clinical audits demonstrated quality improvement.

- There had been five prescribing clinical audits completed in the last two years. We also saw a further audit that had been completed in 2012 and 2013 on improving cancer diagnosis. The audit was repeated in February 2014 and 2015. The next audit was scheduled for 2016 is in progress.
- We saw that following the prescribing audits improvements had been identified such as improving the prescribing of antibiotics.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included identifying to clinicians where local prescribing guidelines had not been followed.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, and appraisals, coaching and mentoring. We saw that there was clinical

Are services effective?

(for example, treatment is effective)

supervision available for all nurses in the practice. The ANP received regular clinical supervision outside of the practice. The locum GPs received support for revalidating from the medical director. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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. However we found that not all clinical staff had an understanding or awareness of the Deprivation of Liberty Safeguards (DoLS).
- 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, ANP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored and staff had a good understanding of the importance of seeking consent.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Health advice was offered to carers.
- Mental health and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 95.8% which was above the CCG and 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 demonstrated how they encouraged uptake of the screening programme by using opportunistic screening, telephone calls to encourage patients to attend and they ensured a female sample taker was available. 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 83% to 97% and five year olds from 82% to 96%.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the five patient Care Quality Commission comment cards we received were positive about the service experienced. However one patient also commented about consultations running late. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 93% said the GP gave them enough time (CCG average 87%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 87 %%).

- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average (91%).
- 97% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 89%.
- 90% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%)
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified seven registered carers in the practice. Written information was available to direct carers to the various avenues of support available to them. The practice newsletter identified support services available in Hartlepool for carers.

Are services caring?

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 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. Examples of these were to proactively offer assessment to patients at risk

of dementia and to continually improve the quality and effectiveness of care provided to

patients with dementia and improving patient online access for booking appointments and ordering prescriptions.

- The practice did not offer extended hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a yellow fever vaccination site.
- There were disabled facilities, a hearing loop and translation services available. The practice was housed within a retirement village and the building has been specifically designed to meet the needs of older people and those with disabilities. Access to the practice was good and patients living in the village could access the practice directly.
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- The practice was situated on the ground level of the building.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Emergency appointments were from 8am until 9am, and appointments were from 9am until 11.30am every morning followed by a slot for booked telephone calls. Between 1pm and 3pm was available for home visits. Appointments recommenced between 3pm and 5.30pm followed by time for patient telephone calls. Extended

surgery hours were not offered. 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 mainly above comparable to local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 85% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 75%).
- 54% patients said they always or almost always see or speak to the GP they prefer (CCG average 60%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them. However we saw that there had been some comments in the past about accessing appointments. To improve this there were now booked times for patients requiring explanation of results, medicines or requesting prescriptions.

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 such as summary leaflets.

We looked at ten complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, improving communication and contacting the practice.

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 management team had a clear vision to deliver 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 practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. However we were told that the long term locum and ANP had not completed any audits in the practice. The long term locum was unaware of what audits had been undertaken. A range of prescribing audits had been completed by the pharmacist employed by the North of England Commissioning Support unit.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

director of the company provided clinical leadership to the practice and a number of other practices held by the company. However they were not continually placed in the practice. The long term locum was employed over two sites and not able to attend meetings in the practice as they were working in another practice. We saw that the ANP and the practice manager led these meetings.

The provider was aware of and complied with the requirements of the Duty of Candour. The practice 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 the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the practice manager and Intrahealth Company. All staff were involved in discussions about how to run and develop the practice, and the management team 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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient

Are services well-led?

Good 

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surveys and submitted proposals for improvements to the practice management team. For example, promoting dedicated times for patients to access test results and prescriptions and promoting initiatives to deal with patients who did not attend appointments. The PPG were proactively involved in all negotiations and consultations about the future of the practice and the current extension of the contract.

- The practice had gathered feedback from staff 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. We saw that all staff received the minutes of meetings.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team were trying to recruit a salaried GP. They were also reviewing the future of the practice as the contract had only been renewed for another year.