

# Tieve Tara Medical Centre

## Quality Report

Park Dale  
Airedale  
Castleford  
West Yorkshire  
WF10 2QP

Tel: 01977 668455

Website: [www.tievetaramedicalcentre.co.uk](http://www.tievetaramedicalcentre.co.uk)

Date of inspection visit: 13 December 2016

Date of publication: 27/01/2017

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	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

### Detailed findings from this inspection

Our inspection team	13
Background to Tieve Tara Medical Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	16

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tieve Tara Medical Centre on 13 December 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. Incidents were investigated and actions put in place to prevent recurrence.
- The practice maintained a good understanding of local need and used this to design and deliver services.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Information about services and how to complain was available and easy to understand. Complaints were investigated and when appropriate, reviewed and discussed at team meetings. Where improvements were identified these were implemented.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

There were areas where the provider should make improvement:

- Patient engagement was limited due to the lack of an active patient participation group. The practice should continue to take steps to reform and establish the group.
- The practice should review and take action to improve areas of low patient satisfaction in relation to access and care.

Professor Steve Field (CBE FRCP FFPH FRCGP)

# Summary of findings

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.

- There was an effective system in place for reporting and recording significant events, and we saw that lessons were learned from these incidents and improvements made to ensure there was no recurrence.
- When things went wrong patients received reasonable support, truthful information, and a 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 and practice staff met regularly with other health and care professionals to discuss individual concerns.
- The practice had developed and implemented a process to formally identify and record when a person picked up a prescription on behalf of another person.
- Risks to patients were assessed and well managed with appropriate checks and controls being in place.
- The practice worked closely with the Clinical Commissioning Group's medicines optimisation team to improve prescribing performance.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were slightly below local and national averages. The practice was an outlier with regard to low performance in the delivery of reviews in relation to asthma and Chronic Obstructive Pulmonary Disease (COPD). The practice discussed with us as to how they intended to improve this performance.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had a good understanding of the specific needs of the local population and used this knowledge to deliver services to meet this need. For example, the practice worked with partners to host and deliver an in-house substance misuse/addiction service.

Good



# Summary of findings

- Clinical audits demonstrated quality improvement.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- The appointment system was flexible and it was possible for patients to access extended appointments with clinicians when the need was identified.
- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, 78% of patients said the GP was good at listening to them compared to the clinical commissioning group and national averages of 89%. We discussed this with the practice who told us they had developed plans to tackle these areas of low patient satisfaction.
- Information for patients about the services available was easy to understand and accessible.
- Staff made telephone calls to vulnerable patients to remind them that they had an appointment booked on that day.
- The practice used a prompt on the patient record to inform staff if patients had specific needs. For example, if a patients had mobility or communication issues.
- The booking in system allowed patients to sign in in either English or Polish. The practice had a small but significant number of Polish patients (over 2% of the practice list) and the ability to sign in in Polish gave additional support to this group of patients.

Good



## 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 had a high number of patients with palliative care needs (twice the national average). It had a GP with a specialist interest in palliative care and they met monthly as part of a

Good



# Summary of findings

multi-disciplinary team to co-ordinate care for these patients. A recent 2016 audit of end of life care showed that 100% of their patients achieved their wish and passed away in their preferred place of dying.

- The practice hosted and helped to deliver a drugs misuse and addiction service which operated from the medical centre on a twice weekly basis.
- Urgent appointments were available the same day for children and patients with identified needs.
- Patient feedback regarding access to and contact with the practice was lower than local and national averages. The practice had sought to improve this and had introduced online access to services in addition to telephone triage/consultations with GPs and nurses. At the time of inspection online access could be used to request prescriptions, appointment booking would be available in the future.
- The practice had good facilities and was well equipped to treat patients.
- 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.

## Are services well-led?

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

- The practice had a vision and strategic approach to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategic approach and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients. However, engagement with patients was hampered by the fact that the patient participation group had lapsed. We were told by the practice that they were in the process of reforming the group.
- There was evidence of a focus on learning and improvement at all levels and the practice was a participant in the local health community.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, the practice made regular reviews of older and frail patients with complex needs and long term conditions.
- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. The practice used a risk profiling tool to identify these patients. The practice then carried out advanced care planning and regular patient reviews, which involved multi-disciplinary working across health and social care providers. At the time of inspection over 2% of the practice population were on their avoiding unplanned admission register and of these patients 56% had a completed care plan in place.
- The practice participated in the local CCG Vanguard programme for care homes. This scheme saw weekly clinical visits being made to a care home for young people with chronic neurological conditions. During these visits patients had their needs reviewed, were offered treatment and had care plans updated. Care was also offered to other care home patients in Castleford should this be requested or needed. (Vanguard programmes seek to develop new care models which support the improvement and integration of services. Within Wakefield there are two programmes - enhanced health in care homes; and the improved provision of specialist integrated services into the community).
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

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

- Both GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. As part of this work the practice kept condition registers and regularly recalled and reviewed patients

Good





# Summary of findings

and updated care and treatment plans. Staff within the practice had gained additional qualifications and training to support this work such as training in diabetes and Chronic Obstructive Pulmonary Disease (COPD).

- The practice proactively worked with long term condition patients who had recently been discharged from hospital in order to prevent readmission.
- Quality and Outcome Framework indicators for the practice showed some below average performance in relation to long term conditions in 2015/2016. For example, indicators with regard to reviews carried out for COPD and asthma were below local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP or nurse. For those patients with the most complex needs, these staff worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children and young people living in disadvantaged circumstances and who were at risk. The practice worked closely with other health and care professionals with regard to these patients. This contact was facilitated by the fact that other community health services such as health visitors and midwives shared the same premises with the medical centre.
- Immunisation rates were relatively high for all standard childhood immunisations and above local and national averages.
- The practice told us, and we saw evidence to support this, that children and young people were treated in an age-appropriate way.
- The practice offered family planning services which included contraceptive implants and Intrauterine Contraceptive Devices (a device inserted into the uterus(womb) to prevent pregnancy).
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. In addition the practice offered two ring-fenced appointments on a daily basis to meet the needs of teenagers

Good



# Summary of findings

- A weekly baby clinic was held by a GP (who had previously trained as a paediatrician). This dealt predominantly with six week baby checks.

## **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. For example, the practice offered extended opening on alternate Wednesdays 6.30pm to 8pm. In addition there were early and late pre-bookable appointments available to patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Patients of working age and others could access services delivered by providers which operated out of the same premises. These included physiotherapy and musculoskeletal services and ATOS Healthcare (Atos Healthcare conducts assessments on behalf of the Department for Work and Pensions for Personal Independence Payments).

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 which included those with a learning disability. At the time of inspection 35 patients were on the learning disability register. These patients were offered regular reviews and health checks.
- The practice offered longer and more flexible appointments for patients who required additional time with a clinician such as patients with a learning disability or the frail elderly.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and the practice had appointed child and adult safeguarding leads. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, these included contacts for local carer's organisations.
- We were told that the local population was characterised by a higher than average prevalence of drug use. In response to this the practice provided services to meet the needs of patients with substance misuse issues which included shared care. These services were led by a GP who had received specialist training in this field and who liaised with local addiction services. In addition the practice hosted a twice weekly substance misuse service which was delivered from the surgery.

## **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).

- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, which had been agreed between individuals, their family and/or carers as appropriate. This was comparable to the local average of 90% and the national average of 89%.
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was slightly below the local and national averages of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice included patients with mental health issues on their avoiding unplanned admissions register. Such patients received care planning support and were subject to hospital discharge reviews to assess ongoing need.
- Staff had a good understanding of how to support patients with mental health needs and dementia and had received specific dementia support training.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was generally performing below local and national averages. As part of the survey 365 forms were distributed and 107 were returned which was a response rate of 29%. This represented 2% of the practice's patient list.

- 57% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%.
- 52% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 71% and the national average of 76%.
- 74% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.

When we discussed these results with the practice they told us they had begun to open up more ways for patients to contact them such as via online requests and by having more telephone line availability at peak periods

(8am to 9am Monday to Friday). The practice also felt that the telephone triage/consultation service has had a positive impact and allowed patients more access to clinicians.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received ten completed comment cards eight of which were positive about the standard of care received at the practice. Of the two cards with negative comments, one voiced concerns with regard to ordering repeat prescriptions and another was unhappy with the appointment process.

We spoke with two patients during the inspection. Both these patients said they were satisfied with the care they received at the practice and found staff to be helpful and caring. 95% of the 22 responses made to the Friends and Family Test for November 2016 said that they would be either extremely likely or likely to recommend the practice to family and near friends (the NHS Friends and Family Test was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give your views after receiving care or treatment across the NHS).

## Areas for improvement

### Action the service SHOULD take to improve

- Patient engagement was limited due to the lack of an active patient participation group. The practice should continue to take steps to reform and establish the group.
- The practice should review and take action to improve areas of low patient satisfaction in relation to access and care.

# Tieve Tara Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to Tieve Tara Medical Centre

The medical centre is located at Park Dale, Airedale, Castleford, West Yorkshire, WF10 2QP. The practice serves a patient population of around 5,200 patients and shows a slow annual rise in patient list size. It is a member of NHS Wakefield Clinical Commissioning Group.

The practice has operated on the site for over 100 years although the current premises has been considerably expanded and dates from 2004. The building has three floors, the ground floor and first floor being utilised for patient consultations. The premises is readily accessible for those with a disability, for example the first floor consulting rooms can be accessed via a passenger lift and the reception area has a drop desk which is at a suitable height for wheelchair users. There is ample parking available on site for patients and an independent pharmacy is attached to the practice. In addition to the practice and pharmacy a number of community health services operate from the premises, these include health visitors, physiotherapists and members of the local Vanguard integrated care team.

The practice age profile shows that 25% of its patients are aged under 18 years (compared to the CCG average of 20% and the England average of 21%), whilst it is below both the CCG and England averages for those over 65 years old (11% compared to the CCG average of 18% and England average of 17%). Despite the youthful demographic the

practice has a significant nursing home population of 74 patients (over 1% of its practice list). Average life expectancy for the practice population is 76 years for males and 80 years for females (CCG average is 77 years and 81 years and the England average is 79 years and 83 years respectively). The practice population has a higher than average number of patients with a long standing health condition at 67% compared to the CCG average of 58% and the national average of 54%.

The practice serves an area of high deprivation and is located in the 10% most deprived areas in the country. Figures from 2014/2015 showed the local unemployment rate to be 9% compared to a local average of 6% and a national average of 5%. The practice population is primarily composed of British/Mixed British patients, although there are patients from other ethnic backgrounds which include patients from Eastern Europe.

The practice provides services under the terms of the Personal Medical Services (PMS) contract. In addition the practice offers a range of enhanced local services including those in relation to:

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Meningitis immunisation
- Rotavirus and Shingles immunisation
- Dementia support
- Risk profiling and case management
- Support to reduce unplanned admissions.
- Minor surgery
- Learning disability support

As well as these enhanced services the practice also offers additional services such as those supporting long term

# Detailed findings

conditions management including asthma, chronic obstructive pulmonary disease, diabetes, heart disease and also offers healthy lifestyle advice to support wider community health and wellbeing.

Attached to the practice or closely working with the practice is a team of community health professionals that includes health visitors, midwives, and members of the district nursing team. In addition the practice operates shared care arrangements with a local substance misuse service.

The practice has four GP partners (one male, three female) and utilises GP locum support when required. In addition the clinical team also comprises of two practice nurses and one health care assistant (all female). Clinical staff are supported by a practice manager and an administration and reception team.

The practice appointments include:

- Pre-bookable appointments
- On the day/urgent appointments
- Telephone triage/consultations where patients could speak to a GP or nurse.
- Home visits

Appointments can be made in person, via telephone and in the near future online.

The practice is open between 8am and 6.30pm Monday to Friday, with extended opening on alternate Wednesdays 6.30pm to 8pm.

Appointments are available 8.30am to 6.30pm Monday to Friday, with late bookable GP appointments available alternate Wednesdays 6.30pm to 8pm.

The practice is accredited as a training practice and supports GP registrars for appointed periods.

Out of hours care is provided by Local Care Direct Limited and is accessed via the practice telephone number or patients can contact NHS 111.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 December 2016. Prior to the visit we discussed the practice with the local Clinical Commissioning Group and NHS England. During our visit we:

- Spoke with and/or received feedback from a range of staff, which included GPs, nursing staff, the practice manager and members of the administration team. In addition we spoke with a member of the local Vanguard programme team.
- Spoke with patients.
- Reviewed comment cards where patients and members of the public shared their views.
- Observed how patients were treated in the reception area.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

# Detailed findings

- 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had a good understanding of when other organisations such as the CCG, NHS England or the Care Quality Commission needed to be formally notified.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough and detailed analysis of the significant events and these were discussed at weekly clinical meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw that alerts such as those for medicines were analysed and cascaded onto staff and that records of action taken were logged. We noted during the check of records and minutes that these were clear and were available to all staff on the practice shared IT system.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had identified an issue when a patient prescribed disease-modifying antirheumatic drugs (a group of medications commonly used in patients with conditions such as rheumatoid arthritis) had not received necessary monitoring checks and tests. The practice had put in place the necessary checks to rectify this and had carried out a full clinical audit to assess overall practice compliance in this area.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Safeguarding policies and guidance were accessible to all staff. These policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and we saw additional information concerning safeguarding in the consultation rooms and in the waiting rooms. GPs had been appointed as lead members of staff for child and adult safeguarding and deputies had been appointed to cover any periods of absence. Practice staff attended monthly safeguarding meetings, and were able to share safeguarding information efficiently with other partners via a common IT system. This close working was facilitated by other health partners such as health visitors and district nurses being located in the same building. Staff demonstrated they understood their responsibilities and recognised local issues which included domestic violence and issues linked to drug and alcohol misuse. All staff had received training on safeguarding relevant to their role. GPs were trained to safeguarding level three, nurses had been trained to either level three or level two and all other staff had been trained to either level two or level one as required.
- A notice in the waiting rooms and in corridors advised patients that chaperones were available if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure). All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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). Both the clinician and the staff member who had acted as a chaperone recorded chaperone usage on the patient record.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy in all areas. One of the practice nurses was the infection prevention and control (IPC) clinical lead and they liaised with the local IPC team to keep up



## Are services safe?

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 had been undertaken, the last audit in August 2016 showed the practice had achieved an overall compliance score of 91%. We discussed this audit with the IPC lead and saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines optimisation team and hosted a pharmacy technician who worked regularly with the practice to improve prescribing performance. Vaccine storage was regularly monitored and a cold chain audit had taken place in December 2016.
- Blank prescription forms and pads were securely stored within practice offices and consultation rooms and there were systems in place to log and monitor their use.
- Both of the nurses had qualified as an Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They informed us that they received mentorship and support from the practice GPs for this extended role.
- Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice (PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions, a PSD is a written instruction, signed by a prescriber eg a doctor, for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed two 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.
- The practice had developed and implemented a process to formally identify and record when a person picked up a prescription on behalf of another person.

### 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 which was available on the shared drive of the practice IT system. The practice had up to date fire risk assessments and had recently carried out a fire drill. 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 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 enough staff were on duty and a buddy system was in place which ensured that important correspondence such as results were picked up in the absence of a clinician.

### 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 both available for use within the practice.
- 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 stored securely.

## Are services safe?

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice 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 patients' needs. Guidelines and updates were discussed at weekly clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments and audits.
- With regard to wider needs assessment the practice had a good overall knowledge of the specific needs of its patient population and delivered services which included a drugs misuse and addiction service to address this.

### 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 showed that the practice had achieved 89% of the total number of points available; this was below the CCG average of 96% and the national average of 95%. The practice had exception reporting of 11% which was slightly above the CCG average of 8% and the national average of 10% (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).

This practice was an outlier for some QOF (or other national) clinical targets. Data from 2015/2016 showed:

- 66% of patients with COPD had received a review, undertaken by a healthcare professional, including an

assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months compared to a CCG average of 87% and a national average of 90%.

- 65% of patients with asthma, on the register, had received an asthma review in the preceding 12 months that included an assessment of asthma control compared to CCG and national averages of 76%.

We discussed these results with the practice and they told us that they recognised that they needed to be more active in reviewing patients and that this would be examined and actioned in the coming months. Means to achieve this included upskilling the practice health care assistant to release nursing time to carry out monitoring and reviews and via the recruitment of an additional part-time nurse.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years. We looked at three of these audits in-depth prior to and during the inspection:
  - Vitamin B supplement prescribing
  - Hepatitis C referrals
  - Disease-modifying antirheumatic drugs (DMARDs) monitoring

These were completed audits where the improvements made were implemented and monitored. For example, the DMARDs audit (which had originally been identified after a significant event) had led to the development of a protocol and improved processes to ensure that monitoring of patients in receipt of these drugs was adequate. Subsequent re-audit showed that further work was required to continue improvement and this was underway at the time of inspection.

Patients who had known alcohol or drug misuse issues had their record flagged on the patient computer record to make this issue clear to staff and to enable them to better meet the needs of the patient.

One of the GP partners had trained as a paediatrician before joining general practice. They told us that they used this additional training and experience to deliver better outcomes for local children and their families by being able to conduct more effective consultations and examinations.

# Are services effective?

(for example, treatment is effective)

They were also in a position to offer other clinicians specialist advice and support whenever required. The GP partner also acted as the lead for women and child health, and child safeguarding within the practice and regularly engaged with the community paediatrician and child health services.

The practice reviewed all patient deaths, which included suicides on a quarterly basis and sought to identify any areas of learning and improvement.

## 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. This 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, a GP and practice nurse had received enhanced training and qualifications with regard to diabetes. This enhanced training allowed staff to deliver advanced care planning and services such as insulin initiation.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All permanent staff had received an appraisal within the last 12 months. In addition GP registrars at the practice received support whilst undergoing training and work experience at the practice. This took the form of advice, mentorship and post-session debriefings.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Clinicians were able to share and access patient information with other healthcare providers, such as district nurses via the common IT system, and the practice shared details of patients who were approaching the end of life with the out of hours service provider.
- The practice proactively followed up patients who did not attend appointments or referrals to ascertain reasons and to establish if additional support was required. As part of their work with regard to avoiding unplanned admissions discharges were reviewed and assessed and a decision made as to whether to follow up. This contact would be made within three days of discharge.
- The practice worked closely with the local drugs misuse service and hosted twice weekly sessions held at the practice which were delivered by two shared care workers. A GP partner from the practice with a specialist interest in this area of work met regularly with these workers and had dedicated time allocated for liaison or joint consultation work. The practice told us that it works hard to refer patients to drug and alcohol services. In addition the GP partner who specialised in this area of work delivered one session per week outside the practice with the drug and alcohol service leading a prescribing clinic.

Staff worked together and with other health and social care professionals 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. Meetings took place with other health care professionals including district nurses and palliative care nurses on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. One of the GP partners had received enhanced training and had a post graduate qualification in palliative care and used this to

# Are services effective?

(for example, treatment is effective)

support the practice's palliative care caseload, at the time of inspection there were eight patients on the palliative care register. An audit carried out in 2016 showed that 100% of palliative care patients registered with the practice had achieved their wish of passing away in their preferred place of death.

The practice also used the Electronic Palliative Care Co-ordination System (EPaCCS); this provided a shared locality record for health and social care professionals which allowed rapid access across care boundaries to key information about an individual.

## Consent to care and treatment

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

- In discussion with clinical staff they showed that they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Consent forms when required were printed off, explained to the patient, signed and then scanned onto the patient record. The patient was also offered a copy of their consent form for their own records.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. These included patients:

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- who required healthy lifestyle advice, such as in relation to diet and weight management, and smoking cessation.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 81%. The practice contacted patients who had not attended for their cervical screening test. 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.

The practice 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 94% to 100% (CCG averages ranged from 86% to 98%, and national averages ranged from 73% to 95%), and for five year olds from 87% to 98% (CCG averages ranged from 88% to 97%, and national averages ranged from 81% to 95%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients, patients with a learning disability, NHS health checks for patients aged 40 to 74, and health checks for patients over 75 years old. 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. These curtains were clean and were replaced on a regular basis.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. In addition there was piped music in the consultation room corridors which helped to reduce the opportunity for personal and sensitive conversations being 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. Signs also advertised to patients that a private room was available.
- All staff had received dementia awareness training and used this to ensure the best outcomes for these patients.

Eight of the ten patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good and caring service and staff were helpful and treated them with dignity and respect.

The practice did not have an operating patient participation group (PPG). The group had lapsed in the recent past partly through practice capacity issues. We were however told that the practice had contacted previous members to reform the group and we also saw evidence that they were actively trying to recruit new members.

Results from the national GP patient survey showed patients felt they were generally treated with less compassion, dignity and respect than local and national averages. The practice was below these averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national averages of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%.

When we discussed these results with the practice they told us that they felt that these results may have been due to a long history of locum usage. We were told that future locum usage was to be greatly reduced as practice GPs have planned to increase the number of sessions they deliver. Additionally the practice have planned to upskill their health care assistant to take on wider responsibilities, this would allow the nurses to see more complex patients to give them more contact time.

The practice had a flexible approach to appointment duration with general appointments being ten minutes though there were options for patients to request longer appointments. Late surgery appointments were 15 minutes long and learning disability appointments were set for 30 minutes.

Text reminders for appointments were sent to patients and staff made personal calls to vulnerable patients to remind them on the day that their appointment was due.

### 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

## Are services caring?

sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national averages of 90%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation and translation services were available for patients who did not have English as a first language.
- The practice booking in system allowed patients to book in for appointments in either English or Polish. The practice had a small but significant number of Polish patients (over 2% of the practice list) and the ability to sign in in Polish gave additional support to this group of patients.

- We saw that some information leaflets were available in the waiting rooms in easy read formats.
- The new patient registration leaflet was comprehensive and included a section which sought to identify if a patient had specific needs or requirements when attending the practice or when they received services.
- There were prompts on the patient record to inform staff when a patient had specific needs such as with communication or mobility. This allowed staff to be in a position to offer the necessary level of support.

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

Patient information leaflets and notices were available in the patient waiting areas which told patients how to access a large number of local support groups and organisations. Information was also available which raised awareness of specific issues such as safeguarding.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 94 patients as carers (under 2% of the practice list). Carers were able to access additional services such as flu vaccinations and signposting and referral to a number of support services and groups. We saw, in addition to this personal advice and support, that information was available to direct carers to support in the waiting rooms and on the practice website.

Staff told us that if families had experienced bereavement, they would be contacted by the practice via a call or a card. This contact could then be 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 local 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.

- The practice offered extended hours opening on alternate Wednesdays from 6.30pm to 8pm.
- There were longer appointments available for patients with a learning disability and for those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations at the practice.
- There were facilities specifically for patients with a disability which included dedicated parking spaces and access to a wheelchair on request. In addition a hearing loop and translation and interpretation services were available.
- The practice participated in one of two local Vanguard programmes and made proactive visits to patients in care home settings.
- The practice delivered a range of additional or enhanced services which included:
  - In-house diabetic clinic which offered advanced care services including insulin initiation.
  - Prostate cancer follow-up services
  - Shared care services in relation to drugs misuse
  - Joint injections
  - Family planning services which included contraceptive implants and Intrauterine Contraceptive Device
- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. At the time of inspection the practice had over 29% of practice patients received this enhanced support.
- The practice hosted a twice weekly drugs misuse/addiction service.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, with extended opening on alternate Wednesdays 6.30pm to 8pm.

Appointments were available 8.30am to 6.30pm Monday to Friday, with late bookable GP appointments available alternate Wednesdays 6.30pm to 8pm.

In addition to pre-bookable appointments that could be booked up to two 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 below local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 78%.
- 57% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

The practice told us that they had taken steps to improve access and they had begun to open up more ways for patients to contact them via online requests, in addition the practice had increased telephone line availability at peak periods. The practice also felt that the telephone triage/consultation service has had a positive impact and allowed patients increased access to clinicians in a more flexible manner.

Patients we spoke to on the day of inspection told us that they were able to get appointments when they needed them and one of the patient comment cards said that if no appointments were available then they found the telephone triage/consultation service useful.

The practice offered two ring-fenced appointments on a daily basis to meet the needs of teenagers

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice carried this out by discussing with the patient their symptoms and needs and using this to make an informed decision based on clinical need. In cases where the urgency of need was so great that it would be



# Are services responsive to people's needs?

(for example, to feedback?)

inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements would be made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## 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 in the practice and on the website to help patients understand the complaints system. The practice had produced an in-house complaints, suggestions, comments and praise leaflet.
- We were told by the practice that they examined all complaints including informal complaints.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and we were told by staff that these were discussed at weekly meetings.

# 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 told us it had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which highlighted caring and the provision of the best possible services. It stated the practice sought to be forward looking whilst not forgetting the traditions of family doctoring.
- The practice had identified a strategic approach and had a good understanding of challenges it faced which included finance, coping with increasing patient demand, delivering effective services to a deprived population and the recent loss of partner health and care services. The practice had also had to cope recently with some unforeseen and unfortunate staffing issues which were outside their control and affected the operation of the practice.

### Governance arrangements

The practice had an overarching governance framework led by the partners which supported the delivery of this strategic approach. These 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 accessible and available to all staff.
- The practice displayed an understanding of performance and leads had been appointed for key areas of work; such as being leads for specific medical conditions.
- There was a programme of clinical audit which was used to monitor quality compliance and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection partners and the practice manager demonstrated they had the experience, capacity and capability to run the practice in a safe manner and which ensured good quality care. Staff told us the partners and practice manager were approachable and always took the time to listen to all members of staff.

Practice staff were active members of the local health and care community and amongst other activities:

- Represented the medical centre at the local network of GP practices.
- Two partners were accredited as GP trainers (Tieve Tara Medical Centre was a training practice).
- One GP partner acted as a GP appraiser.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty and this was supported by the views of individual members of staff. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence. They told us that in the first instance they sought to work with patients to resolve issues quickly and wherever possible informally.

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

- Staff told us the practice held regular clinical meetings and full practice team meetings.
- Staff reiterated to us that there was an open and blame-free culture in operation within the practice and they had opportunities to raise any issues at team meetings, and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice valued feedback from patients, the public and staff. They told us that they used this feedback to improve and develop services.

- The practice received feedback from patients via their own internal complaints and comments process, the Friends and Family Test, NHS Choices and from national

# Are services well-led?

Good 

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

surveys and individual communication with patients on a daily basis. The practice patient participation group (PPG) had lapsed, however at the time of inspection we were informed that this was in the process of being reformed.

- The practice gathered feedback from staff through staff meetings, appraisals and individual discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, and said they felt encouraged to do so.

## Continuous improvement

The practice demonstrated that there was activity in relation to continuous learning and improvement at all levels within the practice. The practice team discussed with us areas of improvement they had identified such as the need to restart the PPG and reshape services around patient need. The practice was an active partner with other health and care providers locally. For example the they:

- Participated in a local Vanguard programme and delivered regular sessions to patients in nursing care.
- Hosted and co-delivered a dedicated drugs misuse and addiction service in conjunction with local partners.