

Billinghay Medical Practice

Quality Report

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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 Billingham Medical Practice on 29 November 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.
- 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.
- The practice was responsive to the needs of patients and tailored its services to meet those needs.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said there was continuity of care, with quick and easy access to GPs and nurses.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review procedures to ensure prescriptions are signed before drugs are dispensed to patients.
- Should obtain written consent for certain procedures such as joint injections and not rely on verbal consent recorded in patients' medical records.

Summary of findings

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 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.
- Medicines were effectively and safely managed.
- 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.
- There were effective systems in place to ensure the practice could continue to function in the event of foreseeable events such as fire, flood or loss of utilities.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the CCG national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

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.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- 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.

Good



- 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 for example through the older persons service.
- Patients with a medical need were able to see or have a telephone consultation with a GP or clinician on the day. Clinical assessments were all made by GPs or an appropriately trained and qualified clinician. Patients told us that they were almost always able to make an appointment for the same day they contacted the surgery.
- 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.

Are services well-led?

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

Good



- 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 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 meetings for all staff groups.
- 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 management systems and process in place were clear, very well organised and easy to understand. Information and guidance for staff was readily available and accessible.

Summary of findings

- Staff commented on how the practice was very smoothly run and that there was good team spirit with high levels of trust between the staff, partners and practice manager.
- 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
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active, embedded and valued as part of the practice structure.
- There was a 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients had a named, accountable GP.
- The practice employed a part time care co-ordinator, an experienced community nurse, whose role was to meet the healthcare needs of those primarily older patients who had been identified as being at the highest at risk of unplanned admission to hospital. This was part of the enhanced unplanned admissions service.
- The care-coordinator played a pivotal role in reviewing and formulating care plans with patients who had recently been discharged from secondary care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a dedicated telephone line for residential and care homes and the ambulance service in support of the unplanned admissions enhanced service.

People with long term conditions

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

Good



- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from the Quality and Outcomes framework showed that the clinical indicators for diabetes care were 97%, which was 5% above the CCG and 7% above the national average.
- Home visits to patients with long term conditions who were unable to attend the surgery were undertaken by a nurse practitioner or a GP if more appropriate. All palliative care home visits were carried out by GPs.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- The practice held regular safeguarding meetings with health visitors.
- The practice offered a full range of long-acting reversible contraception and sexual health advice.
- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Rates of cervical screening at 76% were in line with both CCG and national figures.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided a full range of immunisations for babies, children and young people. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice hosted weekly mid-wife clinics.

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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered extended hours appointments on one evening a week to help meet the needs of patients in this group.
- The practice promoted on-line services including ordering of prescriptions and booking of appointments.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had 44 patients on its learning disability register and offered longer appointments for patients in this group.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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).

- Data from the Quality and Outcomes framework showed that the clinical indicators for dementia care were 100%, which was 5% above the CCG and 3% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had identified 31 patients experiencing poor mental health and told them how to access various support groups and voluntary organisations.
- There was 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 in July 2016. The results showed the practice was performing above national averages. 215 survey forms were distributed and 133 were returned. This represented a return rate of 62% which was significantly higher than the national average of 38%.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were positive about the standard of care received. They commented upon the caring attitude of staff and GPs, the quality of care and the cleanliness and facilities at the surgery.

Areas for improvement

Action the service **SHOULD** take to improve

- Review procedures to ensure prescriptions are signed before drugs are dispensed to patients.
- Should obtain written consent for certain procedures such as joint injections and not rely on verbal consent recorded in patients' medical records.

Billinghay Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of CQC lead inspector, a CQC medicines inspector, a CQC senior analyst, a GP specialist adviser and a nurse specialist advisor.

Background to Billinghay Medical Practice

Billinghay Medical Practice provides primary medical services to 4,789 patients from a single surgery situated in the village of Billinghay, Lincolnshire. The surgery was purpose built in 2007 and provides all clinical services on the ground floor.

The nearest 24 hour Accident and Emergency units are in Boston, 16 miles and Lincoln 17 miles distant. Public transport links are very poor and there are pockets of rural deprivation and isolation.

The practice has a higher number of older patients aged 65 to 85 than both the CCG and the national average.

At the time of our inspection the practice healthcare was provided by two GP Partners, one regular locum GP, two nurse practitioners (whole time equivalent WTE 1.77), three practice nurses (WTE 2.13) and two health care assistants (WTE 1.2). There is also a part time Care Co-ordinator who is a registered general nurse and is responsible for the management of older adults service. They are supported by a team of dispensers, management, administration, reception and housekeeping staff.

The practice is located within the area covered by NHS South West Lincolnshire Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services.

The practice has a General Medical Services contract. (The GMS contract is a contract between general practices and NHS England for delivering primary care services to local Communities). It is a dispensing practice.

The surgery is open from 8am to 6.30pm Monday to Friday with extended hours until 7.45pm every Wednesday.

The practice has opted out of providing out-of-hours services to their own patients. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust and is accessed by NHS111.

We had not previously inspected this practice.

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.

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 29 November 2016.

During our visit we:

- Spoke with a range of staff including GPs, practice manager, dispensers, receptionists, nurses and administration staff.
- 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.
- Spoke with members of the Patient Participation Group

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 as well as paper forms available to staff. 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).
- We reviewed the 15 events that had been recorded since October 2015 and saw that they had been well investigated with good evidence collection and analysis.
- We saw evidence that when things had gone wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports and patient safety alerts. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example we saw that an additional clinician had received the appropriate training in insulin management to ensure that more than one person within the practice that could advise on the subject.

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. 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. A GP partner was the lead for safeguarding. The GPs attended external safeguarding meetings when possible and always provided reports where necessary for other agencies.

Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to level three, nurses and healthcare assistants to level two and all other staff to level one. Safeguarding meetings were hosted by the practice every three months. Patients subject to safeguarding concerns were highlighted to staff by means on an icon on their medical records.

- A notice in the waiting room and in consulting rooms 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 (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 very clean and tidy. The lead nurse was the infection control 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 induction process for new staff included infection prevention and control. The practice held a record of the Hepatitis B status of all clinical staff.
- We reviewed three 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.
- We reviewed the file of a locum GP and found there to have been a thorough induction process and all appropriate checks designed to support patient safety had been undertaken prior to them starting work at the practice.
Medicines Management
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed for Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process

Are services safe?

(these are written instructions about how to safely dispense medicines), and a system was in place to ensure relevant staff had read and understood SOPs. There was a process in place to ensure that repeat prescriptions were signed before being dispensed. However, we saw evidence of four repeat prescriptions dating from 4th November 2016, which had not been signed by the GP awaiting collection by patients.

- There was a named GP responsible for the dispensary and staff told us they were an active presence in the dispensary. We saw records showing all members of staff involved in the dispensing process had received appropriate training, regular checks of their competency and annual appraisals.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), and had an SOP in place covering all aspects of their management. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Balance checks of controlled drugs were carried out regularly and there were appropriate arrangements in place for their destruction.
- Expired and unwanted medicines were disposed of in accordance with waste regulations. Staff routinely checked stock medicines were within expiry date and fit for use, and there was an SOP to govern this activity. Dispensary staff told us about procedures for monitoring prescriptions that had not been collected. There was a system in place for the management of high risk drugs.
- A “near miss” record (a record of errors that have been identified before medicines have left the dispensary) was in place, allowing the practice to identify trends and patterns in errors and take action to prevent reoccurrence. There were arrangements in place for the recording of significant events involving medicines; the practice had acted to adequately investigate these incidents or review dispensing practices to prevent reoccurrence. We saw records relating to recent medicine safety alerts, and action taken in response to them.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients using their dispensary. We saw evidence of audits relating to the dispensary.
- Weekly blister packs were offered to patients who needed support to take their medicines, we saw the process for the packing and checking of these was robust. Staff knew how to identify that medicines were not suitable for these packs and offered alternative adjustments to dispensing where possible.
- We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely with access restricted to authorised staff. There were adequate stocks of oxygen and a defibrillator. The surgery held stocks of emergency medicines and processes were in place to ensure they were within expiry date.
- Vaccines were administered by nurses and healthcare assistants using directions which had been produced in line with legal requirements and national guidance.
- Blank prescription pads were recorded upon receipt into the practice and stored securely.
- **Monitoring risks to patients**
Risks to patients were assessed and well managed.
- There were systems in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed which identified local health and safety representatives. 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 and calibrated to ensure it was working properly. The practice had employed an external company to complete a variety of risk assessments to monitor safety at the premises including but not restricted to the control of substances hazardous to health, infection control, buildings safety, car park safety and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Are services safe?

- 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 .
- **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. The alarm was tested at three monthly intervals at team meetings to ensure staff could differentiate between that and the fire alarm. This was in addition to the weekly test and six monthly practice evacuation drill.
- All staff received annual basic life support training .Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator and oxygen available on the premises. A first aid kit and accident book were available.
- The practice had a comprehensive disaster recovery and continuity plan in place for major incidents and foreseeable events that might affect the running of the practice such as power failure , building damage, loss of utilities or major incident.

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.
- 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 100% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. For example data from 2015/16 showed:

- Performance for diabetes related indicators was better than the national average. The practice achieved 97% in this clinical indicator and 100% in the for mental health related indicators.
- Clinical exception rates were 9% which was 1% below the national average .

There was evidence of quality improvement including clinical audit.

- We saw evidence of clinical audits completed in the last two years, all were completed audits where the improvements made were implemented and monitored. They included audits of ; Metoclopramide use; those patients with atrial fibrillation who were not on anticoagulation medication and an audit of the top 40 prescribed drugs. The latter audit showed a high

prescribing rate of diclofenac and low dose antibiotics. Changes to the prescribing policy were implemented and the audit re-run in November 2016 which showed improvements in prescribing practice.

- In addition we saw that the practice had worked to reduce the historically high levels of antibiotic prescribing and had made adjustments to practice prescribing policies in response.

The practice identified unreliable blood results for vitamin B12 and serum potassium. A centrifuge had been purchased and this allowed bloods to be processed before transfer to the laboratory. Bloods could then be taken at any time of the day and allowed NHS checks to be completed in one visit, improving the service to patients.

Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff and locum GPs. 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, for those reviewing patients with long-term conditions and learning disability annual health reviews.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to refresher training , discussion with clinicians and at 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- 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 as well as training delivered by external providers.

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.

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.

The practice employed a care coordinator whose job is was to ensure a smooth transition between services and meet the needs of patients who had been identified as being most at risk. The practice had originally used the risk stratification tool to identify the top 2% of patients to fall in this category but with the employment of the care coordinator had now increased this to 3% of the patient list.

The practice followed the Gold Standard Framework for the quality and organisation of care for patients approaching the end of life. The practice hosted three monthly multi-disciplinary meetings to discuss the care and treatment of end of life patients.

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. We

spoke to the care coordinator and a student nurse who demonstrated a very clear understanding of the issues and gave us a good example of a case that they had encountered that day.

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.
- Although we saw there was a policy relating to implied and obtaining specific consent to treatment, and that consent was recorded in patient notes, the GPs were not habitually obtaining written consent for certain procedures. The GPs agreed that it would be in the interests of both patients and clinicians to obtain written consent.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service where the service was not provided in-house for example the Quit 51 smoking cessation programme.
- The practice offered a comprehensive range of contraceptive and sexual health services, including a range of long-acting reversible contraception and chlamydia screening. The practice did not operate a dedicated sexual health clinic but referred patients to such services if required.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 77% and the national average of 74%. A female sample taker was available. 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening where uptake was comparable than both CCG and national averages.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 91% to 98% which was comparable to the CCG average of 92% to 98% and five year olds from 84% to 100% which was comparable to the CCG average of 90% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had achieved highly in this area. 73% of patients invited for a health check had made an appointment. This placed the practice in the top 5% of practices in the county.

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 area or room to discuss their needs.

Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. One told us that as they couldn't drive and lived some distance from the surgery, reception staff always tried to arrange an appointment that fitted in with the times at which they could get transport to the surgery.

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 scored very highly for its satisfaction scores on consultations with GPs and nurses. For example:

- 99% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 98% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 99% 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%.
- 98% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients said they felt involved in decision making about the care and treatment they received. They also said 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 significantly higher than local and national averages. For example:

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 98% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Translation services were available for patients who did not have English as a first language.
- The practice information leaflet was clear and simply set out and provided a wide range of information.

Are services caring?

- The practice website was easily accessible, informative and translated in a wide range of different languages .

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs and staff if a patient was also a carer or was cared for. The practice had identified 148 patients who were either cared for or carers, which was 3.09% of the practice list. Written information was available to direct carers to the various avenues of support available to them. Staff told us that they were currently 'cleaning' the carers register to ensure that it was

accurate and were hoping to introduce measures to improve the identification of patients in this group and to offer them additional support through one of the staff becoming a Carers Champion.

GPs provided additional support for patients in palliative care and provided personal telephone numbers to enable them to be contacted out-of-hours. GPs also visited palliative care patients in their homes at weekends where it was considered clinically necessary.

A notice board in the staff room made all staff aware of patients recently deceased and in addition those recently admitted to or discharged from hospital. Staff told us that when families suffered bereavement, the deceased patients next of kin were contacted and offered a visit or a telephone call from a GP dependent upon their wishes.

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 longer appointments for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- All patients who had been assessed as having a need to be seen that day were given an appointment to see either a GP or nurse practitioner as appropriate.
- The practice participated in the older adults admission avoidance scheme and employed a care coordinator, a nurse, to oversee and coordinate the scheme for the benefit of patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services, for example the surgery had good level access, push button opening doors to aid wheelchair and mobility scooter users and all clinical rooms were on the ground floor. The reception desk was of dual height to remove the barrier between reception staff and persons using wheelchairs.

Access to the service

Appointments were available to book 'on the day'. Telephone lines opened at 8am to facilitate booking. Pre-bookable appointments were available up to seven days in advance and both could be booked either in person, by telephone or on-line.

When book on the day appointments were filled the practice operated a sit and wait service for those in need of seeing a clinician that day.

A 'duty doctor' system allowed patients clinical needs to be assessed to meet their immediate needs, whether it was a GP or nurse practitioner consultation at the surgery or the patients home.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

The surgery was open between 8am and 6.30pm Monday, Tuesday, Thursday and Friday. Extended hours were offered until 7.45 pm on Wednesdays. The extended hours session was always staffed by a GP together with either a nurse practitioner, nurse or healthcare assistant to facilitate full access to services.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly better than national averages.

- 93% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 88% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Members of the patient participation group who were all patients of the practice told us that they were able to get appointments when they needed them and in the vast majority of cases it was on the same day on which they contacted the surgery.

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example on the practice website, the practice information leaflet and on posters displayed in the patient waiting area.

We looked at the eight complaints received since February 2016 and found these were satisfactorily handled, dealt

Are services responsive to people's needs? (for example, to feedback?)

within a timely way and with openness and transparency when dealing with the complaint . Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the

quality of care. For example we saw that action had been taken to ensure patients were given appointments far enough apart for the results of tests to be received by 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 practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- There was clear evidence that the partners and staff had worked hard to improve the surgery environment and had continuously monitored outcomes and adapted procedures to improve the running of the practice. A high quality, well maintained building formed part of that strategy.
- There was clear evidence of the practice manager engaging with other practices with a view to establishing and sharing best practice to improve healthcare provision.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice formed part of a proposal to establish a GP federation in the locality.
- Proposed housing development for Billingham and surrounding villages could have a significant effect of the surgery and it would prove very difficult to enlarge or develop the building to meet increased demand for GP services. The partners were very conscious of the implications and had given thought to re-location to a larger property. In addition, one GP partner attended the Billingham Community Plan meetings to provide healthcare information in support of the 10 year local development plan.

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 was used to monitor quality and to make improvements.
- Clear, demonstrable systems and processes, and the effective use of information technology systems ensured the partners and the practice manager were kept informed of routine tasks and provided a clear insight into performance and patient safety issues.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice employed external providers to complete full assessments of risk and the environment and highlight issues that may otherwise have been overlooked.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

We found there to be a high level of trust and job satisfaction throughout the practice and in particular we saw good evidence of a sound and mutually trusting working relationship between the GP partners and practice manager.

We found that all the staff we spoke with to be open and honest and supportive of the inspection process and its aims.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. 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

Are services well-led?

Good 

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

- The practice 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 and supported in doing so.
- Staff said they felt respected, valued and supported.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, 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.
- The PPG had ten active members. The group carried out patient surveys and submitted proposals for

improvements to the practice management team. We found the group to be well engaged with the practice and played a role in acting as the practice's 'critical friend'. For example, we saw how the group had played an integral part in communicating with patients to promote the use of nurse practitioners and had conducted a face to face survey with some 200 patients to explain their role in the healthcare landscape. The group had also worked collaboratively with practice staff in promoting charitable causes and associated fundraising.

- 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and participated in the training of nurses. At the time of our visit a second year student nurse was shadowing the care coordinator as part of their community nursing placement.