

Havelock Grange 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?

Outstanding



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 Havelock Grange Practice on 12 May 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- 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.
- 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. The practice promoted a no blame culture and encouraged staff to raise concerns and possible risks.
- The majority of patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However seven patients said they had difficulty with telephone access and appointments.
- Feedback from patients about their care was consistently positive.
- 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.

We saw three areas of outstanding practice:

- The practice employed part-time pharmacists to improve their service to patients and have recently

Summary of findings

employed a further part-time pharmacist. Following a review of the pharmacist role it was identified that it has saved 2.5 sessions of GP appointments per week undertaking different functions which the practice expect will increase with the additional pharmacist. Examples of the work undertaken were medicine reviews, face to face and telephone consultations and the checking of all discharge summaries for any medication errors. The pharmacist has also produced policies which have been rolled out across the CCG area.

- During 2015 – 2016 the practice demonstrated a saving of £19,757 from reducing medication waste. Examples of these were reviewing prescriptions and working with prescription clerks and local pharmacies.

During this period there was only one pharmacist working part-time in the practice. They hope to increase savings with the employment of the second part-time pharmacist.

- The practice provided a non-judgemental approach in welcoming transgender patients, homeless and drug and alcohol patients. The practice had reviewed their policies to remove some of the barriers these patients sometimes encounter when registering with a practice. Examples of these were not asking for proof of an address and ensuring transgender patients were addressed always by their chosen name.

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 this is shared on teamnet with the whole team.
- 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. When there were recent reoccurring IT and telephone problems in the branch surgery they closed the practice to sort the problem effectively taking the opportunity to update the practice environment at the same time.
- 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.
- The practice promoted a non-judgemental approach to dealing with incidents which encouraged staff to report all concerns.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had completed a large number of clinical audits demonstrated quality improvement. The practice had appointed a lead to co-ordinate and monitor audits in the practice.
- The practice were aware they had a large number of transgender patients registering with the practice. One of the GPs was planning to develop a guidance document for patients with gender identity issues as the practice had a larger than average number of patients requiring this information.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a strong focus on education and learning. The practice is a teaching and learning practice and one of the GPs is Head of Continuing Practice at Health Education England.
- There are innovative approaches to providing integrated patient-centred care. The practice had introduced the role of the practice pharmacist. This role has now been increased to provide a further part-time post. This provided a proactive approach to improving the care of patients and medicines. They worked closely with patients, clinical staff, the local pharmacies and care homes. They have reduced the GP appointment time and demonstrated significant financial savings.
- 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.

- 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. The practice prided themselves as having a non-judgemental approach and had a consequently attracted a large number of homeless, transgender, drug and alcohol patients. The practice had reviewed their policies to remove some of the barriers these patients sometimes encounter when registering with a practice. Examples of these were not asking for proof of identity from homeless and ensuring transgender patients were addressed always by their chosen name.
- Information for patients about the services available was easy to understand and accessible. The practice had a number of Polish patients and had translated the practice information into English.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- 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. One of the GPs was the CCG chair.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). The practice had listened to the comments from patients and the PPG regarding telephone access and text reminders. The practice had previously improved the telephone system but on review realised it still did not meet the needs of patients and the practice. The team had been working with IT to ensure the telephone system meets their needs. The change over to the new system had been planned at the time of the inspection but was delayed until after the inspection. The new system would also allow text alerts to be sent to patients.
- Patients can access appointments and services in a way and at a time that suits their needs.
- 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 the practice responded quickly when issues were 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 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 been succession planning such as the practice management role and GPs.
- 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 strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- 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.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had a clearly identified all areas of risk and improvement required which informed their future planning.

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. Patients over the age of 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a proactive approach to dealing with poly-pharmacy. Polypharmacy is the use of four or more medications by a patient, generally adults over 65 years. The employment of the pharmacists assisted this approach.
- The practice was delivering 'The Care Home Scheme' locally. This ensured patients living in care homes had structured annual reviews which included a review of medicines by a pharmacist, review of clinical care and advanced care planning. The care homes were visited on a fortnightly basis and home visits when required.
- The practice had identified and reviewed the care of those patients at highest risk of admission to hospital. All patients in this list who have an unplanned admission or present at Accident and Emergency A&E will have their care plan reviewed. We saw good examples of patient involvement in the care planning process.
- The practice kept a register of housebound patients and has established an annual review system to ensure that they all receive an annual review.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 78.6%. This was 4.6% below the local CCG average and 1.9% below the England average.

Summary of findings

- Longer appointments and home visits were available when needed.
- 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.
- The practice has a robust system for monitoring patients on anticoagulation medicine, NOACs and disease-modifying anti-rheumatic drugs (DMARDs). DMARDs are used in the treatment of rheumatoid arthritis and require regular monitoring and review of the patient. The practice monitoring was audited by the local medicines management team who complimented them on the high standard they achieved. The practice has produced guidelines which are being adopted by the CCG.
- The practice promotes self-management for some long term conditions. Examples of these were the use of rescue packs for patients with chronic lung disease (COPD) which has been successful. They also have a cohort of patients monitor their INR (the international normalized ratio) at home. This is a calculation used to monitor individuals who are being treated with the blood-thinning medicine.

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 living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice held monthly safeguarding meetings they reviewed child safeguarding and discussed those children who did not attend pre-booked hospital appointments, GP or immunisation appointments.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 74%. This was 9% below the local CCG average and 7% below the England average. The practice has reviewed this and has now introduced a practice recall and follow-up process to increase in uptake.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- The practice provided Wednesday evening appointments which offered a range of services such as contraception, smears, travel vaccinations, pharmacist reviews, and dressings as well as GP appointments. The practice had previously offered Saturday Morning appointment were uptake had been poor.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances and provided a supportive and non-judgemental approach. Examples of these patient groups were homeless, transgender, drug and alcohol problems and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had over the last ten years had a large number of Polish speaking patients join the practice. The practice provided information in Polish and provided translators. One of the GPs also spoke Polish.
- 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.

Outstanding



Summary of findings

- The practice were aware of and participates in the food bank voucher project within the town.

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).

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Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 91%, which was comparable to other practices and 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 told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had audited the care provided to patients with depression. They work closely with mental health teams such as the affective disorder team.
- The practice had undertaken a review of Dementia screening and diagnosis the action plans showed a range of initiatives to improve the process in the practice.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published January 2016. The results showed the practice was performing in line with local and national averages. 306 survey forms were distributed and 103 were returned. This represented 0.8% of the practice's patient list.

- 46% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% 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%.
- 78% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 70% 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%.

We saw that following the survey results for access to the practice via telephones the practice had developed an action plan to improve the service.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received a total of 23 comment cards from the branch and main surgery, which were all positive about the standard of care received. Patients told us they were greeted courteously and received good care. We did receive some comments about telephone and appointment access.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We received several comments about the quick referral to ongoing services and the care and support patients received during difficult health issues.

Havelock Grange Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Havelock Grange Practice

Havelock Grange Practice is in Hartlepool Town centre is situated in a purpose built facility and has a mixed client group. The health centre building provides a number of community services, pharmacy and other GP practices. There are 12700 patients on the practice list. The practice also provides a branch surgery at Brierton Medical Centre we visited the branch surgery as part of the inspection. The practice scored two on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services. The practice population mirrors the practice average across England.

There are seven GP partners, three female, and four male and two salaried GPs one male and one female. Five practice nurses and two health care assistants (all female), one of the nurses was a nurse prescriber. There are two practice managers who have specific roles and were supported by department leads and a range of reception, medicines management, secretarial and other administration staff. The practice also employs their own pharmacists who provide a range of services such as medicine reviews, monitoring and ordering of medicines.

The practice is training and a teaching practice (Teaching practices take medical students and training practices have GP trainees and F2 doctors). The practice also provides support for GP registrars and GPs who have had performance issues. Pharmacy students are also allocated to the practice. One of the GPs also works with 6th form students who are interested in medicine.

The practice is open from 8.30am to 6pm, Monday to Friday at the Havelock Grange Practice. The Brierton Medical Centre is open between 8.30am and 12.30pm and between 2pm and 6pm on the afternoon Monday to Friday. The practice provides some extended hours on a Wednesday evening from 6.30pm until 8pm. We saw that appointments can be booked by walking into the practice, by the telephone and on line. The GPs had dedicated time allotted to contact patients requesting a telephone consultation. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by Northern Doctors via the NHS 111 service. The practice has a General Medical Service (GMS) contract. The practice is close to the town centre and there is parking available at the practice and nearby. There are good transport links near and good access to public transport.

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 12 May 2016.

During our visit we:

- Spoke with a range of staff GPs, nurses, pharmacist, practice management and a range of administration staff and we spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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 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 analysis of the significant events. Incidents occurring were discussed on the same day or at the next available meeting. The results were shared with staff on teamnet and at meetings when the investigation and action plans were discussed.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a new policy was developed to ensure patients' bloods were checked prior to commencing certain medicines. The practice had also developed a system to improve the management of abnormal blood results to ensure they were promptly dealt with.

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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and provided many examples of when they had raised a safeguarding concern. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The practice holds regular safeguarding meetings in the practice.

- We saw that the practice displayed information on a television communication screen in the main practice advising patients that chaperones were available if required. However there were no other notices in main practice or the branch surgery. The main practice was not allowed to display any notices on the walls or doors by instruction of the landlord. Patients we spoke with were not all aware of the chaperoning process. Only clinical staff provide the role and 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 clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The lead nurse for infection control had allocated time each month for this role.
- 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 pharmacy teams, to ensure prescribing was in line with best

Are services safe?

practice guidelines for safe prescribing. The practice also employed two part time pharmacists who undertook medicine reviews, provided education to staff and patients, they also monitored medicine usage and reduced waste. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff and pharmacist for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments. However there had been no regular fire drills carried out at either site in the past year. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff told us that they supported each other during sickness and holidays and there was a policy in place to ensure this.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94.9% of the total number of points available, with 8.3% exception reporting which is 2.9% percentage points below CCG Average and 0.9% below England Average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 90% which is 4.5% below CCG Average, and 1.4% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 81% the national average 83% and above the CCG average of 86%.
- Performance for mental health was a 100% for all related indicators was 5% above the CCG average and 7.2% above the national average.

The practice employed part-time pharmacists to improve the services delivered to patients. Following a review of the effectiveness of this service they have recently employed another part-time pharmacist. The

pharmacist role had been identified as saving 2.5 sessions of GP appointments per week, with them undertaking different functions which they expect would increase with the additional pharmacist. Examples of the work undertaken by the pharmacist role was medicine reviews, face to face and telephone consultations, the checking of all discharge summaries for any medication errors. The pharmacist also supported staff, monitored the INR clinic, attended GP meetings and updated teamnet on any medicine information or alerts. Teamnet is an information management system used every day by practices for sharing, exchanging and collaborating information in Primary Care. The pharmacists also monitored the patients using disease-modifying anti-rheumatic drugs (DMARDs) which are used in the treatment of rheumatoid arthritis and required regular monitoring and review of the patients. They also monitored patients receiving new oral anticoagulant medicines (NOAC), this has further saved one session per week of GP time. Between 2015 – 2016 the practice demonstrated a saving of £19,757 from reducing medication waste. During this period there was only one pharmacist working part-time in the practice. They hope to increase savings with the employment of the second part-time pharmacist.

There was evidence of quality improvement including clinical audit.

- There had been 16 audits undertaken in the last 24 months ten of which have had two cycles where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring patients anticoagulated with new oral anticoagulant medicines (NOAC) should be issued with an alert card, identifying their medication and who to contact in case of an emergency and annual monitoring of renal function. Following the dementia audit improvements were made to the correct screening of patients with memory problems, referral of patients with abnormal screening and documentation for the reason for not referring patients. Patients were also added to the dementia register.



Are services effective?

(for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as ensuring the templates required for screening patients and prescribing guidelines were available on the vision information system used by the practice.

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, for those reviewing patients with long-term conditions. Two of the practice nurses were just completing their advanced qualifications in chronic obstructive pulmonary disease (COPD) and asthma.
- 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 and had attended recent courses.
- The learning needs of staff were identified through a system of appraisals, supervision, 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. We saw that nurses had weekly supervision meetings and minutes were kept.
- Staff received training that included: safeguarding, fire safety awareness, and 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.

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 on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

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 and minor ailments. Where appropriate patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group.
- The practice worked closely with the drug and alcohol practice to provide general health care to patients currently receiving treatment.



Are services effective? (for example, treatment is effective)

The practice's uptake for the cervical screening programme was 74%, which was comparable to the CCG average of 83% and the national average of 81%. The practice reviewed their policy and offered a practice recall system in addition to the existing reminders patients receive. The early indications suggested improvement on the uptake of the screening. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice also followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 98% and five year olds from 82% to 94%.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 23 patient 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 satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately and respectfully when they needed help and provided support when required.

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 97% 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%.

- 85% 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%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. Patients also commented that they received timely access to other services clear explanations and choice from the GP. However patients also commented that they were not informed when appointments were running late and the majority were not aware of the availability of chaperoning.

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 in line with local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 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 84% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language or unable to communicate verbally. We saw notices in the reception areas informing patients this service was available. The practice has a large number of Polish patients.
- Information leaflets were available in easy read format and translated into Polish.

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 if a patient was also a carer. The practice had identified 141 patients as carers (1.14% of the practice list). All patients identified as carers were offered support and annual flu vaccine. Written information was available to direct carers to the various avenues of support available to them. The practice recorded carers' details and facilitated a representative

from the Carers Association to be available in the practice on a monthly basis. In addition, the benefits agency visited the practice fortnightly and offered advice and support to patients.

The practice had a number of transgender patients. They were aware of the support and non-judgemental approach these patients required. The ensured that the patient's preferred name was always used and the patient records had been changed to allow this to happen.

The practice welcomed homeless patients and those living in a transition hostels to register with the practice. The practice did not ask for proof of identity which is often difficult for people with chaotic or transient lifestyles to provide.

Each year the practice held a fund raising day in aid of breast cancer in the practice. All members of staff were involved and contributed to making the day fun for patients and staff. The event has been running for several years.

Staff told us that were possible they provided support to families who had suffered bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Examples of these were improving the management of patients with learning disabilities and improving medicines optimisation in the practice.

- The practice offered an extended hours service on a Wednesday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those who were vulnerable.
- 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 require same day consultation.
- 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.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.30pm to 11am every morning and 2.20pm to 4.45pm daily. Extended hours appointments were offered on a Wednesday from 6pm to 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages.

- 67% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 46% of patients said they could get through easily to the practice by phone compared to the national average of

73%. The practice had been working with information technology to improve the telephone system and implementation of the newly designed system was imminent. The new system was designed specifically around the needs of the practice and their patients following feedback from patients. The new improved service also allowed for the facilitation of text management.

In response to the results of the patient survey the practice had developed an action plan to address areas of concern identified in the patient survey. Examples of these were improving telephone access and access to appointments. The practice was looking in the near future to change the system which will result in the practice having a maximum of ten calls in the queuing system. This should increase the speed at which calls are answered and also reduce both the time, callers are in a queue and help to reduce their telephone costs. Access to appointments was identified as an issue due to maternity leave and clinical staff leaving the practice. To improve access to appointments the practice has secured two long term locums for the remainder of 2016, appointed a second part-time Pharmacist. Four of the GP partners have agreed to work one extra session each week to ease the pressure for all and improve satisfaction and patient demand for appointments.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

Listening and learning from concerns and complaints

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

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

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

We looked at 19 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, 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 customer service was improved, discussed at staff meetings and scenario's explored with staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership 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. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and managers were approachable and always took the time to listen to all members of staff.

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.
- 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, 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 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 met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had previously held health promotion events on Saturday morning flu events. The PPG had previously received information and presentations on different subjects such as epilepsy, electronic prescriptions, the ambulance service and mental health. One member of the PPG was part of the Community Health Ambassador role developed by the Clinical Commissioning Group (CCG). The role was to engage people from the local community and had a specific focus on minority, marginalised and disadvantaged groups.

Are services well-led?

Good 

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

- 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 part of local pilot schemes to improve outcomes for patients in the area. The practice had identified their future challenges and concerns. Examples of these were GP recruitment, access for patients, appointments and telephones and funding. The practice had developed a detailed action plan of improvements.