Castletown Medical Centre

Quality Report

6 The Broadway
Castletown
Sunderland
SR5 3EX
Tel: 0191 549 5113
Website: www:castletownmedicalcentre.nhs.uk

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

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
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 the Castletown Medical Centre on 5 January 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 for reporting and recording significant events.
- Overall, risks to patients and staff were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. They said they were satisfied with the quality of the care and treatment they received.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- All staff were actively engaged in monitoring and improving quality and outcomes for patients.
- Staff consistently supported patients to live healthier lives through a targeted and proactive approach to health promotion.
- There was a clear leadership structure and staff felt supported by the management team. Good governance arrangements were in place.

Summary of findings

- Staff had a clear vision for the development of the practice and were committed to providing their patients with good quality care.

The areas where the provider must make improvements are:

- Carry out the required pre-employment checks for GP locum staff employed directly by the practice. Obtain confirmation from NHS England that a DBS check has been carried out for GP locums working at the practice and keep a record of the outcome of each check.
- Ensure there is a supply of oxygen for use in an emergency.

There were also areas of practice where the provider should make improvements:

- Continue to take steps to set up a patient participation group.
- Develop a plan for the practice which clearly sets out how staff will deliver their vision and strategy.
- Carry out regular audits of the practice's infection control arrangements.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

There was an effective system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned when things went wrong and shared with staff to support improvement. There was an effective system for dealing with safety alerts and sharing these with staff. The arrangements for carrying out the required checks on locum GPs to make sure they were suitable to work with children and vulnerable adults were not fully satisfactory. The premises were clean and hygienic. However, staff had not carried out regular audits to make sure that good infection control standards were being followed. However, apart from these shortfalls, there were clearly defined and embedded systems that helped to keep patients safe. Individual risks to patients had been assessed and were well managed. Good medicines management systems and processes were in place, with the exception that staff did not have access to oxygen in the event of an emergency.

Are services effective?

Good

The practice is rated as good for providing effective services.

Outcomes for patients were consistently good. Data from the Quality and Outcomes Framework showed the majority of patient outcomes were above average when compared to the local clinical commissioning group (CCG) and England averages. Patients' needs were assessed and care was planned and delivered in line with current evidence based guidance. Clinical audits demonstrated the GP provider's commitment to improving the quality of the service. Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion. This included providing advice and support to patients to help them manage their health and wellbeing. Staff were good at collaborating with other health and social care professionals to help ensure patients' needs were met. Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services caring?

Good

The practice is rated as good for providing caring services.

Data from the NHS National GP Patient Survey, published in January 2016, showed patient satisfaction with the quality of nurse consultations was broadly in line with the local CCG and national

Summary of findings

averages. However, the data showed there were lower levels of satisfaction in relation to GP consultations, and how the GP involved patients in making decisions about their care and treatment. Patients provided positive feedback about the standard of care they received. They told us they were treated with compassion, dignity and respect, and that they felt well looked after. Information for patients about the services provided by the practice was available and easy to understand.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care. Patients we spoke with on the day of the inspection, and most of those who completed Care Quality Commission (CQC) comment cards, were satisfied with access to appointments. They said they were able to obtain an appointment in an emergency. Data from the NHS GP Patient Survey showed patients had higher levels of satisfaction with telephone access, convenience of appointments and appointment waiting times, than local CCG and national averages. However, patients scored the practice less well in terms of obtaining an appointment and the practice's opening hours. 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.

Are services well-led?

Good

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

Staff had a clear vision about how they wanted the practice to develop and, were taking steps to deliver this. The practice had good governance processes, and these were underpinned by a range of policies and procedures that were accessible to all staff. Overall, the practice had clearly defined and embedded systems and processes that kept patients safe. However, the governance arrangements relating to the recruitment of locum GPs and the carrying out of regular infection control audits, had not proved effective in identifying these as potential concerns. There was a clear leadership structure and staff felt supported by the GP provider and the practice manager. Regular practice and multi-disciplinary team meetings took place, which helped to ensure patients received effective and safe clinical care. The practice actively sought feedback from patients via their Friends and Family Test survey and had used this to improve appointment availability. Although the practice did not have an active patient participation group, action was being taken to address this. There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

Nationally reported Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had performed well in relation to providing care and treatment for the clinical conditions commonly associated with this population group. For example, the practice had obtained 100% of the total points available to them for providing care and treatment to patients with heart failure. This was 1.3% above the local clinical commissioning group (CCG) average and 2.1% above the England average. The practice offered proactive, personalised care which met the needs of the older patients. For example, all patients over 75 years of age had a named GP who was responsible for their care. Clinical staff also undertook home visits for older patients who would benefit from these. Influenza vaccination rates for the over 65s, and those patients in at risk groups were comparable to the local CCG averages. The nurse practitioner carried out home visits for housebound patients so they were able to receive recommended vaccinations.

People with long term conditions

Good

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

The QOF data, for 2014/15, showed the practice had performed well in relation to providing care and treatment for the clinical conditions commonly associated with this population group. For example, the practice had obtained 100% of the total points available to them for providing care and treatment to patients with chronic obstructive pulmonary disease. This was 3.9% above the local CCG average and 4% above the England average. Patients with long-term conditions were offered a structured annual review to check their health needs were being met and that they were receiving the right medication. The nurse practitioner carried out these reviews in patients' own homes, if they were housebound and unable to attend the surgery. A good recall system was in place which helped ensure that all patients requiring an annual review received one. For those patients with the most complex needs, clinical staff worked with relevant health and social care professionals to deliver a multi-disciplinary package of care.

Families, children and young people

Good

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

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There were systems in place to identify and follow up children who were at risk. For example, the practice maintained a register of vulnerable children and contacted families where a child had failed to attend a planned appointment. Appointments were available outside of school hours and the practice's premises were suitable for children and babies. The practice provided contraceptive and sexual health advice, and immunisations were offered to all eligible patients. Patients had good access to relevant screening services, and the practice had performed well in delivering childhood immunisations. For example, data supplied by the practice showed that, where information was available, the immunisation rates for children aged five were 100%. The QOF data showed that the practice had performed well in the delivery of their cervical screening programme, and the uptake, at 82.18%, was higher than the England average of 81.83%.

Working age people (including those recently retired and students)

Good

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

The practice was proactive in offering online services, such as for booking appointments and ordering repeat prescriptions. Staff provided a full range of health promotion and screening that reflected the needs of this age group.

People whose circumstances may make them vulnerable

Good

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

There were good arrangements for meeting the needs of patients with learning disabilities. The QOF data, for 2014/15, showed the practice had performed well by obtaining 100% of the points available to them, for providing recommended care and treatment to patients with learning disabilities. This achievement was in line with the local CCG average and 0.2% above the England average. The practice provided these patients with access to an extended annual review. Of the 12 patients with learning disabilities registered with the practice, all had been invited to attend an annual healthcare review during 2015/2016, and five had a completed health action plan in place.

Systems were in place to protect vulnerable children. Staff 'flagged' the records of all at-risk children to identify when the practice had been contacted about these patients. Staff knew how to recognise signs of abuse in vulnerable adults and children and understood

their responsibilities regarding information sharing and the documentation of safeguarding concerns. They knew how to contact relevant agencies in normal working hours and out-of-hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia).

There were good arrangements for meeting the needs of patients with mental health needs. The QOF data, for 2014/15, showed the practice had performed well in obtaining 100% of the total points available to them, for providing recommended care and treatment to this group of patients. This was 8.2% above the local CCG average and 7.2% above the England average. The data showed that 90% of patients had a documented care plan, which had been agreed with their carers during the preceding 12 months. This was 13.4% above the local CCG average and 12.8 above the England average. Staff provided patients experiencing poor mental health with advice about how to access various support groups and voluntary organisations. Patients were also able to access 'talking therapies' for a range of common mental health problems. Staff kept a register of patients with dementia, and clearly identified these patients on the practice's clinical system. Staff had attended a Dementia Awareness training session to help them understand the needs of these patients and improve the care and treatment they received.

Summary of findings

What people who use the service say

Feedback from patients was positive about the way staff treated them. We spoke with six patients who told us they were treated with compassion, dignity and respect. They said they felt well looked after. Positive feedback was also received about access to appointments and the system for providing patients with access to same day care. As part of our inspection we asked practice staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 20 completed comment cards and these were all positive about the standard of care patients received. Words used to describe the service included: friendly; very clean; good service; helpful and receptive; professional and understanding; listened to and treated well; very good service. Patients reported no concerns and, where they had commented, they told us they had been able to get an appointment quickly.

Data from the Friends and Family Test, used by the practice to obtain feedback from patients, indicated that all four patients who provided feedback in December 2015, would be extremely likely or likely to recommend the practice to family and friends.

Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction with the quality of nurse consultations was broadly in line with the local CCG and national averages. However, the survey showed lower levels of satisfaction with GP consultations and how the GP involved them in making decisions about their care and treatment. For example, of the patients who responded to the survey:

- 94% had confidence and trust in the last GP they saw, compared with the local CCG and national averages of 95%.
- 97% had confidence and trust in the last nurse they saw, compared with the local CCG average of 98% and the national average of 97%.
- 95% said the last appointment they got was convenient, compared with the local CCG average of 94% and the national average of 92%.
- 88% found it easy to get through to the surgery by telephone, compared with the local Clinical commissioning group (CCG) average of 78% and the national average of 73%.
- 80% said the last GP they saw or spoke to was good at giving them enough time, compared with the local CCG average of 88% and the national average of 87%.
- 79% said the last GP they saw or spoke to was good at listening to them, compared with the local CCG average of 90% and the national average of 89%.
- 64% described their experience of making an appointment as good, compared with the local CCG average of 76% and the national average of 73%.
- 68% were able to get an appointment to see or speak to someone the last time they tried, compared with the local CCG average of 83% and the national average of 85%.

(372 surveys were sent out. There were 106 responses which was a response rate of 28%. This equated with 5.7% of the practice population.)

Areas for improvement

Action the service MUST take to improve

- Carry out the required pre-employment checks for GP locum staff employed directly by the practice. Obtain confirmation from NHS England that a DBS check has been carried out for GP locums working at the practice and keep a record of the outcome of each check.
- Ensure there is a supply of oxygen for use in an emergency.

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Action the service SHOULD take to improve

- Continue to take steps to set up a patient participation group.
- Develop a plan for the practice which clearly sets out how staff will deliver their vision and strategy.
- Carry out regular audits of the practice's infection control arrangements.

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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. There was also an Expert by Experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

Background to Castletown Medical Centre

Castletown Medical Centre provides care and treatment to 2,071 patients of all ages, based on a General Medical Services (GMS) contract. The practice is part of the NHS Sunderland clinical commissioning group (CCG) and provides care and treatment to patients living in the Castletown area of Sunderland and surrounding areas. We visited the following location as part of inspection: 6 The Broadway, Sunderland, Tyne and Wear, SR5 3EX. The practice serves an area where deprivation is higher than the England average. The practice population includes more patients who are under 18 years of age, and over 65 years of age, than the local CCG and England averages. The practice has a very low proportion of patients who were from ethnic minorities.

The Castletown Medical Centre is located in a building which has been adapted to serve as a GP practice and provides patients with fully accessible treatment and consultation rooms. The practice has one GP (male), a nurse practitioner (female), a practice manager, and a small team of administrative and reception staff. The practice is not a training or teaching practice. When the practice is closed patients can access out-of-hours care via the Northern Doctors Urgent Care Limited On-Call service, and the NHS 111 service.

The practice is open Monday, Tuesday, Wednesday and Friday between 8:30am and 6pm, and on a Thursday from 8am to 3:30pm. Extended hours are provided each Thursday morning from 7:30am to 8am. During this time, patients are able to access both GP and nurse appointments. The practice takes part in a local extended hours programme which means their patients are able to access GP care each evening, from 6pm to 8pm, at a nearby health care centre.

GP appointment times are as follows:

Monday, Tuesday, Wednesday and Friday: 9am to 11am and 4pm to 5:30am.

Thursday: 7:30am to 8am and 9am to 11am.

Additional appointments are provided each day to take account of patients requesting urgent same day access.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. This 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 05 January 2016. During our visit we spoke with:

- A number of staff, including the GP provider, the practice manager, the practice nurse, the pharmacist attached to the practice, and staff working in the administrative and reception team.
- We observed how patients were being cared for and reviewed a sample of the records kept by staff.
- We reviewed 20 Care Quality Commission (CQC) comment cards, in which patients shared their views and experiences of the service.
- We also spoke with six patients.

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff had identified and reported on six significant events during the previous 12 months. We found that each significant event audit report included details of the incident, how staff had dealt with it and what had been learnt. Copies of the reports could be accessed by all staff on the practice intranet system. The sample of records we looked at, and evidence obtained from interviews with staff, showed the practice had managed such events consistently and appropriately.

The practice manager referred all safety alerts to the GP provider, the nurse practitioner and pharmacy staff supporting the practice, so they could take appropriate action. Where relevant, patient safety incidents were reported to the local clinical commissioning group (CCG) via the Safeguard Incident and Risk Management System (SIRMS). (This system enables GPs to flag up any issues via their surgery computer to a central monitoring system so that the local CCG can identify any trends and areas for improvement).

Overview of safety systems and processes

Overall, the practice had clearly defined and embedded systems and processes that kept patients safe. However, the arrangements for recruiting locum GPs and monitoring infection control were not fully satisfactory.

The practice had safeguarding policies and procedures which reflected relevant legislation and local requirements, and these were accessible to all staff. The GP provider acted as the children and vulnerable adults safeguarding lead. Staff understood their responsibilities and all of them had received safeguarding training relevant to their role. For example, the GP provider had completed Level 3 child protection training. Arrangements had also been made for the nurse practitioner to complete training to this level shortly following our inspection. All the other staff had completed basic child protection awareness training. Monthly meetings were held to discuss children at risk of harm and share relevant information. Children at risk were clearly identified on the practice's clinical IT system to ensure staff took this into account during consultations.

The practice's chaperone arrangements helped to protect patients from harm. All of the staff who acted as chaperones had received training to help them carry out this role. They had also undergone a Disclosure and Barring Service check (DBS). (DBS checks identify whether a person has a criminal record, or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The chaperone service was advertised on posters displayed in the waiting area and in consultation rooms.

The practice had recently arranged for an external organisation to carry out a comprehensive assessment of their health and safety arrangements. This work included the completion of a health and safety risk assessment and the preparation of a health and safety staff hand book. Both these documents had been issued to each member of staff. There were good arrangements for ensuring fire safety. An external company had carried out a fire risk assessment in 2015, and fire drills had recently been carried out. Fire alarms had been tested each week, and emergency lighting was being installed at the time of the inspection. All electrical and clinical equipment was checked to ensure it was safe to use and was working properly.

Appropriate standards of cleanliness and hygiene were being maintained. There were infection control protocols in place and staff had received relevant training. A legionella risk assessment had been completed, and regular water temperature checks were undertaken. (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.) However, staff had not completed an audit of the practice's infection control arrangements to assure themselves of the appropriateness of their arrangements.

The arrangements for managing medicines, including emergency drugs and vaccines, kept patients safe. For example, the practice carried out regular audits, with the support of their in-house pharmacist and the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines. Prescription pads were securely stored to reduce the risk of misuse or theft. Suitable arrangements had been made to monitor vaccines. These included carrying out daily temperature checks of the vaccine refrigerator and maintaining a suitable record of the checks.

Requires improvement

Are services safe?

Appropriate pre-employment checks had not always been carried out to make sure that staff employed were suitable to work with children and vulnerable patients. This placed these patients at risk of potential harm and abuse. We looked at the recruitment records for the three GP locums who were occasionally employed by the practice to provide cover, as well as the records for the recently recruited nurse practitioner. We found that all of the required checks had been completed for the nurse practitioner. However, no information about the GP locums' employment histories had been obtained. There was no evidence, in the records for one of the GP locums, that a check had been carried to make sure they continued to be registered with the General Medical Council. There was evidence that DBS checks had been carried out on each GP. However, for one GP there was no date recorded of when the check had been completed and, for another GP, the practice had accepted a DBS check completed in 2005. Also, the practice manager told us they had not obtained confirmation, from NHSE, that DBS checks had been carried out for these GPs, as part of their application to join the National Medical Performers' List. There was also no evidence the practice had obtained feedback from the GP locums' current employers about their performance.

There were suitable arrangements for planning and monitoring the number and mix of staff required to meet patients' needs. Reception and administrative staffing levels reflected known patient demand. Administrative staff had been trained to carry out all the reception and administrative roles, to help ensure the smooth running of the practice. GP locums were used on an occasional basis to cover for leave and any training undertaken by the GP provider. The practice manager told us they only used GP locums that were known to the practice to provide continuity of care.

Arrangements to deal with emergencies and major incidents

There were arrangements in place for dealing with emergencies and major incidents. For example, there was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency. All staff had received annual basic life support training and there were emergency medicines available in the practice. Emergency medicines were kept in a secure area and staff knew of their location. All of the emergency medicines we checked were within their expiry dates. The practice had a defibrillator for use in an emergency. However, there was no oxygen supply available on the premises. When we raised this with the GP provider they told us it was not a requirement of the local CCG that they keep oxygen on the premises. They also said they would rectify this immediately.

The practice had a business continuity plan for major incidents, such as a power failure or building damage. This was accessible to all staff via the practice's intranet system. The plan included key emergency contact numbers.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff carried out assessments 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. They had access to guidelines from NICE and used this information to deliver care and treatment to meet patients' needs. The practice had systems in place to keep all clinical staff up-to-date with new guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), and their performance against national screening programmes, to monitor outcomes for patients. These outcomes were consistently very good. (QOF is intended to improve the quality of general practice and reward good practice.) The QOF data, for 2014/15, showed the practice had performed very well in obtaining 99.6% of the total points available to them, with an 8.3% exception reporting rate. This rate was 2.5% below the local clinical commissioning group (CCG) average and 0.9% below the England average. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.) Examples of good QOF performance included the practice obtaining:

- 100% of the total points available to them, for providing recommended clinical care to patients who had cancer. This was 0.7% above the local CCG average and 2.1% above the England average.
- 100% of the total points available to them, for providing recommended clinical care to patients who had chronic obstructive pulmonary disease. This was 4.2% above the local CCG average and 5.3% above the England average.
- 100% of the total points available to them, for providing recommended clinical care to patients who had rheumatoid arthritis. This was 2.3% above the local CCG average and 4.6% above the England average.

The practice told us they were an outlier against a national performance target, because they had a high rate of patients who attended Accident and Emergency (A&E) hospital departments. The practice had addressed this by increasing the number of GP and nurse practitioner emergency appointments offered each day. They had also recently introduced a telephone triage service to offer more advice and support to patients. The practice manager said they were carrying out regular audits to determine whether these changes were having a positive effect on their performance against the national target relating to A&E attendances. Staff had also recently started attending weekly multi-disciplinary meetings, where the emergency health care plans of patients who were at high risk of an emergency hospital admissions were agreed, to help ensure they received appropriate support and treatment.

Staff were very proactive in carrying out clinical audits to help improve patient outcomes. The eight full two-cycle clinical audits we looked at were all relevant, identified what had been learnt and provided evidence of improvements to practice and outcomes for patients. Each audit was clearly linked to areas where staff had reviewed the practice's performance and judged that improvements could be made.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. They had received the training they needed to carry out their roles and responsibilities. This included, for example, training on safeguarding vulnerable patients, basic life support and infection control. The nurse practitioner had completed a range of training to enable them to meet the needs of patients with long-term conditions. For example, they had completed a Diploma in Health Studies, and had carried out training in diabetes, abdominal aortic aneurysm screening (to check for swelling in the main blood vessel that leads away from the heart), travel and childhood immunisation, cervical screening and spirometry (a test that can help diagnose various lung conditions). Staff also made use of e-learning training modules and in-house training. All staff received annual appraisals, and the GP provider had recently undergone their revalidation with the General Medical Council.

Coordinating patient care and information sharing

Good

Are services effective?

(for example, treatment is effective)

The practice's patient clinical record and intranet systems helped to make sure staff had the information they needed to plan and deliver care and treatment. The information included patients' medical records and test results. Staff shared NHS patient information leaflets, and other forms of guidance, with patients to help them manage their long-term conditions. All relevant information was shared with other services, such as hospitals, in a timely way. Staff worked well together, and with other health and social care professionals, to meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. For example, multi-disciplinary meetings were held to review the needs of patients with complex healthcare conditions and those nearing the end of their lives.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of the legislation and guidance, including the Mental Capacity Act (2005). When staff provided care and treatment to young people, or adult patients whose mental capacity to consent was unclear, they carried out appropriate assessments of their capacity and recorded the outcome.

Supporting patients to live healthier lives

Staff were committed to supporting patients to live healthier lives through a targeted and proactive approach to health promotion. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged between 40 and 74 years. There were suitable arrangements for making sure a clinician followed up any abnormalities or risks identified during these checks.

The practice had a comprehensive screening programme. The QOF data showed the practice had performed well by obtaining 100% of the overall points available to them for providing cervical screening services. This was 1.3% above the local CCG average and 2.4% above the England average. The uptake of cervical screening was higher, at 82.18%, than the national average of 81.83%.The data showed the practice had protocols that were in line with national guidance. These included protocols for the management of cervical screening, and for informing women of the results of these tests. The practice had also performed well by obtaining 100% of the overall points available to them for providing contraceptive services to women in 2014/15. This was 3.9% above the local CCG and England averages.

Patients were also supported to stop smoking. The QOF data also showed that, of those patients aged over 15 years who smoked, 89.5% had been offered support and treatment during the preceding 24 months. This was 9.4% above the local CCG average and 3.7% above the England average. The data also confirmed the practice had supported patients to stop smoking using a strategy that included the provision of suitable information and appropriate therapy.

The practice offered a full range of immunisations for children, and had performed well in delivering these. For example, data supplied by the practice showed that, where information was available, the immunisation rates for children aged five were 100%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout the inspection staff were courteous and helpful to patients who attended the practice, or contacted it by telephone. We saw that patients were treated with dignity and respect. Privacy screens were provided in consulting rooms so that patients' privacy and dignity could be maintained during examinations and treatments. Consultation and treatment room doors were closed during consultations and that conversations could not be overheard. Reception staff said a private space would be found if patients needed to discuss a confidential matter.

Feedback from patients was positive about the way staff treated them. Patients told us they were treated with compassion, dignity and respect, and felt well looked after. They did not raise any concerns about the quality of the care and treatment they received.

As part of our inspection we asked staff to invite patients to complete Care Quality Commission (CQC) comment cards. We received 20 completed comment cards and these were all positive about the standard of care provided. Words used to describe the service included: friendly; very clean; good service; helpful and receptive; professional and understanding; listened to and treated well; very good service.

Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction with the quality of nurse consultations was broadly in line with the local clinical commissioning group (CCG) and national averages. However, they showed lower levels of satisfaction with GP consultations. For example, of the patients who responded to the survey:

- 94% had confidence and trust in the last GP they saw, compared with the local CCG and national averages of 95%.
- 80% said the last GP they saw or spoke to was good at giving them enough time, compared with the local CCG average of 88% and the national average of 87%.
- 79% said the last GP they saw or spoke to was good at listening to them, compared with the local CCG average of 90% and the national average of 89%.
- 97% had confidence and trust in the last nurse they saw, compared with the local CCG average of 98% and the national average of 97%.
- 91% said the last nurse they saw or spoke to was good at giving them enough time, compared with the local CCG average of 92% and the national average of 92%.
- 91% said the last nurse they saw or spoke to was good at listening to them, compared with the local CCG average of 94% and the national average of 91%.
- 86% found receptionists at the practice helpful, compared with the local CCG average of 90% and the national average of 87%.

We discussed the data in the survey relating to GP consultations with the practice manager and GP provider. They felt that, because the GP provider had only been in post a year, the lower levels of patient satisfaction concerning GP consultations, were not an accurate reflection of patients' views about the current GP.

Care planning and involvement in decisions about care and treatment

Patients we spoke with, and those who completed CQC comment cards, told us clinical staff gave them enough time to explain why they were there and involved them in making decisions about their care and treatment. Results from the NHS GP Patient Survey of the practice showed patient satisfaction levels, regarding their involvement in planning and making decisions during nurse consultations, were broadly in line with the local CCG and national averages. However, patient satisfaction levels were lower with regards to GP consultations. Of the patients who responded:

- 87% said the last nurse they saw was good at explaining tests and treatments, compared with the local CCG average of 93% and the national average of 90%.
- 85% said the last nurse they saw was good at involving them in decisions about their care. This was just below the local CCG average of 89% and in line with the national average.
- 71% said the last GP they saw was good at explaining tests and treatments, compared to the local CCG average of 88% and the national average of 86%.

Good

Are services caring?

- 68% said the last GP they saw was good at involving them in decisions about their care, compared to the local CCG average of 83% and the national average of 82%.

We discussed the data in the survey concerning how the GP involved patients in decisions about their care and treatment with the practice manager and GP provider. They felt that, because the GP provider had only been in post a year, the lower levels of patient satisfaction were not an accurate reflection of patients' views about the current GP.

Patient and carer support to cope emotionally with care and treatment

Staff understood that patients' emotional and social needs were seen as important as their physical needs. They helped patients and their carers to cope emotionally with their care and treatment. Staff supported patients to manage their own health and care when they could, and helped them to maintain their independence. Notices displayed in the patient waiting room told patients how to access a range of support groups and organisations.

The practice kept a register of patients who were also carers and used this information to offer them an annual review and an influenza vaccination. (At the time of our inspection there were 28 patients on this register.)The practice also participated in the Carers' Improvement Scheme and, in agreement with these patients, referred them for extra support to the local carers' service. The practice's IT system alerted clinical staff if a patient was also a carer, so this could be taken into account when planning their care and treatment. Written information was available for carers to ensure they understood the various avenues of support available to them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and continuity of care. Examples of the practice being responsive to, and meeting patients' needs included:

- Providing all patients over 75 years of age with a named GP who was responsible for their care. Clinical staff also undertook home visits for older patients who would benefit from these. The practice had a small number of patients who lived in two local care homes. Staff told us they provided services to these patients as and when required.
- Providing annual reviews for all patients with long-term conditions, so that their needs could be assessed, and appropriate care and advice given about how to manage their health. The nurse practitioner carried out these reviews in patients' own homes if they were housebound. There was a good call and recall system which helped ensure that all patients requiring an annual review received one. Where patients failed to respond to an initial request to make an appointment, this was followed up by a further two letters requesting that they contact the practice. The practice was situated in an area where there had once been a high proliferation of heavy industries. Nationally reported Quality and Outcomes Framework (QOF) data, for 2014/15, showed that the practice had a higher prevalence of patients with chronic obstructive pulmonary disease (COPD.) The GP provider told us clinical staff had completed spirometry training which had helped them increase the number of COPD patients receiving a spirometry test to 82%. (The national target is 80%.) In addition, 92.6% of patients with COPD who had had a review undertaken, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months, was higher than the national average of 89.9%.
- Good arrangements for meeting the needs of patients with mental health needs. Nationally reported QOF data, for 2014/15, showed the practice had performed well in obtaining 100% of the total points available to them, for providing recommended care and treatment to this group of patients. The data showed that 90% of patients had a documented care plan that had been agreed with their carers in the preceding 12 months. This was 13.4% above the local CCG average and 12.8% above the England average. Patients experiencing poor mental health were provided with advice about how to access various support groups and voluntary organisations, and patients with a range of common mental health needs could access 'talking therapies.'
- The practice kept a register of patients who had dementia. These patients had been clearly identified on the practice's clinical IT system, to help make sure staff were aware of their specific needs. Staff had attended a Dementia Awareness training session to help them understand the needs of these patients and improve the care they received at the practice. A member of the reception team was due to commence Dementia Champion training to enable them to raise the profile of dementia patients within the practice team. Although the QOF data showed that only 54.5% of dementia patients had their needs reviewed in a face-to-face setting in the preceding 12 months, However, the practice gave a reasonable explanation as to why this figure was so low.
- Good arrangements for meeting the needs of patients with learning disabilities. The QOF data, for 2014/15, showed the practice had performed well by obtaining 100% of the points available to them for providing recommended care and treatment to patients with learning disabilities. This achievement was in line with the local CCG average and 0.2% above the England average. The practice provided patients who had learning disabilities with access to an extended annual review. The majority of these patients had already received their annual healthcare review for the 2015/16 QOF year.
- Making reasonable adjustments to help patients with disabilities, and those whose first language was not English, to access the practice. For example, there was a disabled toilet which had appropriate aids and adaptations, and disabled parking was available. The waiting area was spacious making it easier for patients in wheelchairs to manoeuvre.
- The provision of services to meet the needs of families. For example, the practice maintained a register of vulnerable children and contacted families where a

Good

Are services responsive to people's needs?

(for example, to feedback?)

child had failed to attend a planned appointment. Appointments were available outside of school hours and the practice's premises were suitable for children and babies. In addition, staff held regular meetings with the health visitor to discuss the needs of at-risk children. The practice provided contraceptive and sexual health advice, and immunisations were offered to all eligible patients. Patients had good access to relevant screening services, and the practice had performed well in delivering childhood immunisations. For example, data supplied by the practice showed that, where information was available, the immunisation rates for children aged five were 100%. The QOF data showed that the practice had performed well in the delivery of their cervical screening programme, and the uptake, at 82.18%, was higher than the England average of 81.83%.

Access to the service

The practice was open Monday, Tuesday, Wednesday and Friday between 8:30am and 6pm, and on a Thursday from 8am to 3:30pm. Extended hours were provided each Thursday morning from 7:30am to 8am. During this time, patients were able to access both GP and nurse appointments. The practice took part in a local extended hours scheme which meant their patients were able to access GP care each evening, from 6pm to 8pm, at a nearby health care centre.

GP appointment times were as follows:

Monday, Tuesday, Wednesday and Friday: 9am to 11am and 4pm to 5:30am.

Thursday: 7:30am to 8am and 9am to 11am.

Additional appointments were provided each day to take account of patients requesting urgent same day access.

Patients were able to access same-day appointments, and could book routine appointments in advance. Appointments could be booked by telephone, in person or on-line. None of the patients who completed CQC comment cards, or who we spoke to, raised any concerns about access to appointments. Results from the NHS GP Patient Survey of the practice, published in January 2016, showed that patient satisfaction with telephone access, appointment convenience and appointment waiting times, was higher than the local CCG and national averages. However, the data also showed patients were less satisfied with appointment availability and appointment experience. Of the patients who responded to the survey:

- 95% said the last appointment they got was convenient, compared to the local CCG average of 94% and the national average of 92%.
- 82% said they usually waited 15 minutes or less after their appointment time, compared to the local CCG average of 71% and the national average of 65%.
- 88% said they found it easy to get through to the surgery by telephone, compared to the local CCG average of 78% and the national average of 73%.
- 68% said they were able to get an appointment to see or speak to someone the last time they tried, compared to the local CCG average of 83% and the national average of 85%.
- 64% described their experience of making an appointment as good, compared to the local CCG average of 76% and the national average of 73%.

The GP provider told us that during the 12 months they had been responsible for running the practice, they had worked hard to improve access to appointments and hoped that the next patient survey data would show improvement. Following the recent appointment of the nurse practitioner, the practice had increased their appointment availability, by offering patients increased access to more acute appointments for minor ailments.

Listening and learning from concerns and complaints

The practice had a system in place for managing complaints. This included having a designated person who was responsible for handling any complaints received by the practice and a complaints policy which provided staff with guidance about how to handle complaints. Information about how to complain was available on the practice's website and on display in the patient waiting area. The practice had not received any complaints during the previous 12 months, so we were unable to judge how well staff responded to complaints.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. The GP provider and practice manager were able to clearly describe the arrangements they had put in place to meet the needs of their patient population groups. Staff had prepared a statement of purpose which set out the aims and objectives of the practice. Information about the practice's commitment to providing patients with good quality care and treatment was also available on their website. However, the practice's vision was not supported by a business development plan. We shared this with the GP provider and practice manager, who responded positively to this feedback, and said they would address this shortfall.

Governance arrangements

Overall, good governance arrangements were in place. The practice had policies and procedures to govern their activities and there were systems to monitor and improve quality and identify areas of risk. However, the arrangements for recruiting GP locums were not sufficiently rigorous, and the arrangements for monitoring infection control were not fully satisfactory. Regular practice and multi-disciplinary team meetings took place, which helped to ensure patients received effective and safe clinical care. Arrangements had been made which supported staff to learn lessons when things went wrong, and to support the identification, promotion and sharing of good practice. The practice proactively sought feedback from patients through the Friends and Family Test survey and staff were setting up a patient participation group (PPG). Overall, there were good arrangements for making sure the premises, and the equipment used by staff, were maintained and safe condition. There was a clear staffing structure and staff understood their own roles and responsibilities. The GP provider had carried out a good range of targeted clinical audits, and they were able to clearly demonstrate how these had led to improvements in patient outcomes.

Leadership, openness and transparency

The GP provider had the experience, capacity and capability to run the practice and ensure high quality care. Together with the practice manager, they prioritised safe, high quality and compassionate care. A culture had been created which encouraged and sustained learning at all levels in the practice. The range of clinical audits carried out demonstrated a clear and continuing commitment to quality improvement. There was a clear leadership structure in place, and staff felt well supported by the GP provider and practice manager.

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

The practice encouraged and valued feedback from patients and staff. Staff told us they were in the process of setting up a patient participation group (PPG). A small number of patients had already expressed interest in joining the group, and staff had approached the local Healthwatch group to request support and guidance about the best way to set it up. Staff had also gathered feedback from patients through their Friends and Family Test survey. Arrangements had also been made which ensured that staff underwent regular appraisals, and had the opportunity to contribute to team meetings.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice demonstrated their commitment to supporting the development of patient focussed services through their involvement in, and support for, the extended hours service and the work being carried out by the local Community Integrated Care Teams. The practice further demonstrated their commitment to continuous learning by actively supporting staff to access relevant training, and by carrying out a good range of clinical audits.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The registered person did not do what was reasonably practical to ensure that all GPs working in the practice had undergone suitable pre-employment checks.** **Regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person had not ensured that there was a supply of oxygen at the practice for use in an emergency.** **Regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**