Cleveland Surgery

Quality Report

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Date of inspection visit:
8 May 2014
Date of publication:
24/09/2014

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.

Summary of findings

Contents

Summary of findings

Overall summary

Cleveland Medical Practice is located in the town of Gainsborough in Lincolnshire. The practice provides primary medical services to approximately 9,827 patients and is situated in purpose built premises. The building provides good access with ramps and hand rails, with accessible toilets and car parking facilities. Cleveland Medical Practice is a training practice providing training for GP registrars. These are trained doctors experienced in hospital medicine who wish to pursue a career in General Practice.

The regulated activities we inspected were diagnostic and screening procedures, family planning, surgical procedures and treatment of disease and disorder or injury.

We found that the practice was responsive to the needs of older patients, patients with long term conditions, mothers, babies, children and young patients, the working age population and those recently retired patients in vulnerable circumstances and patients experiencing poor mental health. Patients with long term conditions, such as epilepsy or chronic obstructive pulmonary disease received regular reviews of their health condition at the practice. We saw the practice had procedures in place to inform patients of the services available, this included information in other languages. The practice encouraged patients experiencing poor mental health to attend for regular health care reviews. We saw they responded quickly to appointment requests for young children and babies.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Improvements were needed to ensure the service was safe.

The practice had systems in place to safeguard vulnerable patients from the risk of harm. Safeguarding policies and procedures were in place for both children and vulnerable adults. This enabled staff to recognise and act on concerns in relation to abuse.

The practice had a robust process in place for recruiting staff to work at the practice. This included checking the registration of nurses and GPs, undertaking enhanced disclosure and barring service (DBS) checks and checking that staff were entitled to work in the UK.

There were effective systems in place to minimise the risk of infection.

There was appropriate and sufficient emergency medical equipment and medicine available. However, patients were not protected from the risks associated with medicines because the systems in place to store and check medication in the practice were insufficient.

Are services effective?

The service was effective.

Clinicians were able to prioritise according to patients' needs, and were able to make use of available resources.

Prescribing for the practice had been reviewed; however this did not include the specific practice of each individual prescriber.

Staff were appropriately qualified and had opportunities to develop their skills and knowledge.

We found that the practice positively engaged and worked in partnership with other services to meet the needs of patients in a coordinated and effective way.

The practice provided a variety of health promotion information for patients.

Are services caring?

The service was caring.

Summary of findings

Patients and carers we spoke with described the service provided as very good. The patients we spoke with felt their views were listened to and were respected. They told us that they were involved in decisions about their care and treatment and were treated with dignity and respect by both the clinical and non-clinical staff.

We saw where patients did not have the capacity to consent, the practice acted in accordance with the legal requirements.

Are services responsive to people's needs?

The service was responsive to people's needs.

We found that the practice understood the individual needs of patients and made reasonable adjustments accordingly.

The practice worked effectively with other health and social care services to ensure patients received the best outcomes.

The practice sought engagement with patients to gather feedback on the quality of the service provided and responded to the feedback in order to improve the service.

Are services well-led?

The service was well-led.

There was a clear leadership and management structure. The partners and the practice manager we spoke with understood how they needed to take forward the practice in the future to improve patients' experiences. The appointment system and nursing team had been restructured to improve efficiency and meet patients' expectations.

We saw that staff had an annual appraisal to enable them to reflect on their own performance with the aim of learning and improving the service. Staff told us they felt very supported. There was evidence of a range of team meetings, which included department meetings and whole practice meetings.

There was a commitment to learn from feedback, complaints and incidents. There was an emphasis on seeking to learn from stakeholders, in particular through the local clinical commissioning group (CCG) and the patient participation group (PPG). This is a group of patients registered with the practice who have an interest in the service provided by the practice.

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 was responsive to the needs of older patients.

Access to the practice was via a ramped area with hand rails providing support either side of any steps. The doors provided wide access for patients who used a wheelchair as did the reception and treatment areas. Representatives from nine local care homes which also provided nursing care told us they had a good working relationship with Cleveland Medical Practice. We were told the team were all really helpful and requests for advice or home visits were responded to.

People with long-term conditions
The practice was responsive to patients with long-term conditions.

Patients with long term conditions such as epilepsy or chronic obstructive pulmonary disease were supported with annual, or when required, health checks and medication reviews. Where possible, clinicians reviewed patients for all their long term conditions or health care needs at a single appointment. This was to prevent patients attending the service for multiple health care reviews.

Mothers, babies, children and young people
The practice was responsive to mothers, babies and young children.

Patients with young children and babies we spoke with told us the service was quick to respond to appointment requests for young children and babies. The practice provided appointments for teenagers requesting confidential advice on contraception and sexual health.

The working-age population and those recently retired
The practice was responsive to the working-age population and those recently retired.

The nurse practitioner offered telephone triage and directed patients to appropriate appointments when required. The practice offered extended hours appointments two evenings per week. The practice offered a choose and book referral service when patients were referred to other services.

People in vulnerable circumstances who may have poor access to primary care
The practice was responsive to patients in vulnerable circumstances.

Summary of findings

The practice provided a person centred approach to treatment, accessible care and worked closely with other health and social care providers according to the individual needs of patients.	
People experiencing poor mental health The practice was responsive to patients experiencing poor mental health. The practice liaised with local community mental health teams and clinical psychologists as part of a multidisciplinary team. The practice liaised with the individual and offered regular health care reviews of their condition, treatment and medication.	

Summary of findings

What people who use the service say

All of the patients we spoke with during our inspection and received feedback from, made positive

comments about Cleveland Medical Practice and the service provided. Patients who used the practice told us that they felt involved in decisions about their care and treatment and they were treated with dignity and respect. They were particularly complimentary about, what they described as, the caring, helpful attitude of both the clinical and non-clinical staff.

Some of the patients we spoke with and received comments from raised the difficulty they had in getting appointments. They told us of their frustration when the appointments for the day had been taken by the time they got through on the phone.

We spoke with representatives from nine local care homes which also provided nursing care where patients were registered with the practice. They all gave very positive feedback about the service they received.

Responses from the last national annual survey that 268 patients at the practice completed during October and November 2013 showed that 72% of patients rated their overall satisfaction with the care and service they received as good or very good.

Areas for improvement

Action the service COULD take to improve

- The practice could implement a system which ensured only in date equipment and medicines (including emergency medicines) are available for staff.
- The practice could better ensure that shortfalls identified during infection control audits are addressed. The audit cycle could be extended to include interim audits in order to check that improvements have been successfully made.
- The practice could review its clinical audits for prescribing and referrals and feedback any learning points to individual members of the staff team.
- The practice could ensure that a GP reviews patients medical record summaries.
- The practice could audit appointments and waiting times at regular intervals to enable the practice to oversee how well the appointments systems worked.

Good practice

Our inspection team highlighted the following areas of good practice:

- The practice rescheduled the asthma review appointments to ensure there was appointment availability for children after school hours.
- The practice facilitated First Aid Awareness training sessions for patients in the local area.

Cleveland Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector and a GP. The team also included a practice manager and a second CQC Inspector.

Background to Cleveland Surgery

Cleveland Medical Practice is located in the Lincolnshire town of Gainsborough. The practice provides primary medical services to approximately 9,827 patients in Gainsborough and the surrounding villages of Lea and Morton. The practice is situated in purpose built premises. The building provides access with ramps and hand rails and has both accessible toilets and car parking facilities.

Cleveland Medical Practice is a training practice providing training for GP registrars, these are trained doctors experienced in hospital medicine who wish to pursue a career in General Practice.

The practice team consisted of five GP Partners, the practice manager, a nurse practitioner, two practice nurses, one health care assistant and a team of 13 administration and reception staff.

The surgery was open from 8am to 6pm Monday to Friday. There were extended hours appointments two evening per week, though there were no set days for these. Consultations were by appointment only. After normal practice hours there was an out of hours service which provided cover for the practice.

The service was provided to a diverse suburban and rural population with low deprivation and a higher than national average elderly population.

Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. We asked the practice to put comment cards where patients and members of the public could share their views and experiences of the service in reception. We spoke with representatives from nine care homes which also provided nursing care where patients were registered with the practice.

Detailed findings

We carried out an announced visit on 8 May 2014. The inspection took place over one day and was led by a lead inspector and GP. A practice manager and a second inspector were also part of the inspection team.

We spoke with seven patients who used the service. We observed how patients were being cared for and reviewed the treatment records of patients. We reviewed 13 comments cards where patients and members of the public and staff shared their views and experiences of the service.

During our visit we spoke with 13 members of staff, which included three GPs, the practice manager, one nurse practitioner, one health care assistant and administration and reception staff.

We looked at the practice's policies, procedures and some audits. We reviewed information that had been provided to us during the visit and we requested additional information which was reviewed after the visit.

Are services safe?

Summary of findings

The practice had systems in place to safeguard vulnerable patients from the risk of harm. Safeguarding policies and procedures were in place to protect both children and vulnerable adults. This enabled staff to recognise and act on concerns in relation to abuse.

The practice had a robust process in place for recruiting staff to work at the practice, which included checking the registration of nurses and GPs, undertaking enhanced disclosure and barring service (DBS) checks and checking that staff were entitled to work in the UK.

There were effective systems in place to minimise the risk of infection.

There was appropriate and sufficient emergency medical equipment and medicine available. However, patients were not protected from the risks associated with medicines because the systems in place to store and check medication in the practice were insufficient.

Our findings

Safe patient care

The practice had a good record of safety. Staff were able to describe their role in reporting incidents. We were given examples of where action had been taken by staff where concerns had been raised. The practice safety performance was consistent over time and where concerns had been raised these had been addressed in a timely way. The practice manager showed us effective arrangements in place for reporting safety incidents which were in line with national and statutory guidance.

We saw that there was a procedure in place to ensure that official alerts about medical devices and medicines were recorded and shared appropriately within the practice.

Learning from incidents

The practice had a system for recording, investigating and learning from incidents. We reviewed significant events and complaint records. We saw these were well documented and included the date of the incident, a brief summary and the actions taken following the investigation. Significant events were looked at by the clinicians at the practice partnership meeting and the outcomes were disseminated to staff at team meetings. Staff we spoke with were able to describe examples of where lessons had been learned and as a result staff practices, procedures or equipment had been changed.

Safeguarding

We saw the practice had safeguarding policies in place for both children and vulnerable adults. There was a nominated GP who was the lead for safeguarding. Safeguarding training was mandatory for both clinical and non-clinical staff. We saw from records we looked at that this was undertaken annually. Staff we spoke with had an understanding of safeguarding issues and who they should report concerns to if abuse was alleged or suspected. Staff said they felt able to report any concerns to senior staff. Staff had access to information and were aware of the policies for safeguarding vulnerable adults and children.

Monitoring safety and responding to risk

We saw that clinical equipment for use in a medical emergency was stored securely in a treatment room. This could be accessed easily for use in an emergency in the reception area or other consultation and treatment rooms.

Are services safe?

The practice had systems in place to ensure that safe staffing levels and skills-mix were sustained during opening hours in order to support safe, effective and compassionate care and staff well-being.

There were audits of daily reception calls per hour to identify bottlenecks in service access and access the workload of receptionist. The practice had a high incidence of 'did not attends' (DNAs) for appointments, and this was monitored daily. Staff told us patients who frequently did not attend for appointments were contacted by the service to remind them of the impact DNAs had on the practice appointments system and request they attend or cancel any future booked appointments.

There were reviews of health and safety risk assessments and fire safety audits. We saw evidence of fire emergency plans and staff told us they had regular fire drills. This meant the practice had taken steps to ensure the health, welfare and safety of patients who used the service and staff.

Medicines management

We looked at how the practice stored and monitored medication, to ensure patients received medicines that were in date and correct. This included emergency medicines and vaccines. The practice manager told us the practice did not keep any controlled drugs. (Controlled drugs are medicines controlled under the Misuse of Drugs legislation because they carry a higher risk of misuse, or causing harm than other medicines.)

We looked at two vaccine fridges and saw they were both secured. We saw there were effective processes in place to monitor the fridge temperatures daily to ensure they were operating in line with guidance on vaccine storage. Staff told us any concerns or changes in temperature were reported to the practice manager. The lead nurse ordered the vaccines and had a system in place to identify any out of date vaccines. There were systems in place to ensure the practice was rotating the vaccines in the fridges to prevent the vaccines from becoming out of date.

We looked at a bag kept for GPs to use on home visits. We found the system for storing and checking what medicines had been used by the GPs and the expiry dates was not robust. We found two examples of medicines that had expired in June 2013 in the bag. These had been recorded as out of date and new in date medicines added to the bag during an audit. However, the expired medication had not been removed from the bag and disposed of. We looked at the storage of medication in consultation and treatment rooms cupboards and found a further three examples of out of date medication. The audit of medicines checked within the practice for expiry dates had not recorded any checks performed in these areas.

Overall we found patients were not protected from the associated risks with medicines fully because the systems in place to store and monitor the medicines in the practice were insufficient. We discussed this with the practice manager who agreed to take immediate action to resolve the issues we had found.

Cleanliness and infection control

Arrangements were in place to ensure that the environment was well maintained. Staff told us that cleaning of the surgery was carried out by contract cleaners. We saw that cleaning schedules were in place and that regular audits were carried out to ensure that all areas were clean and hygienic. Daily cleaning checklists were completed across all areas. The practice manager told us that the contract cleaning staff completed these. The daily cleaning sheets showed that all relevant cleaning had been carried out to the required standard. However, there was no system in place to audit and evidence that all cleaning had been carried out on a regular basis.

Staff we spoke with were aware of where they could access the infection control policy and guidance. The infection control lead and clinical staff had attended training on infection control and were knowledgeable about their roles and responsibilities. The infection control lead told us they completed an annual infection control (IC) audit and this was last completed on 13 March 2013. There were infection control processes in place at the practice, but some areas of best practice identified in the audit had not been actioned.

An appropriate spills kit was available to clean up bodily fluids. However, not all reception staff we spoke with were aware of this, and the required procedure for cleaning bodily fluids. One clinician we spoke with was unsure what spills the spills kit could be used for.

Staffing and recruitment

We looked at four recruitment files. We looked at the file for the newest member of staff. The records showed that appropriate checks were carried out before they began work. However there was only one reference documented.

Are services safe?

The practice manager assured us that a second reference had been requested. However this had not been documented in the staff members records. A checklist was not in place to show that all required information had been requested and obtained. We were told the member of staff had gone through a formal interview process.

Dealing with Emergencies

There were plans in place to deal with emergencies that might interrupt the running of the service. An up-to-date business continuity plan was in place setting out how the service would manage serious incidents or events to ensure patients safety and the continued running of the service. Records showed that the information was shared with the staff team. Staff confirmed there was a business continuity plan in place for emergencies.

Equipment

Portable equipment testing was underway on the day of our inspection. There was a defibrillator (a defibrillator is an electrical device that provides a shock to the heart when there is a life threatening erratic beating of the heart), oxygen cylinders and an emergency trolley for use in a medical emergency. We checked this equipment and found it to be within the recommended use-by date. However we found there was no checklist of medication or contents and no sharps box or protective equipment such as gloves available on the trolley.

We found there were out of date items stored in treatment and consultation rooms. We found disposable items that were beyond their use by date; for example, we found airways and masks with an expiry date of June 1998. Other items that were past the expiry date included boxes of protective gloves and sterets (pre injection swabs) that had expired in July 2013.

We discussed this with the practice manager, at the time of our inspection, and they agreed to take immediate action to resolve the issues we had found.

Are services effective?

(for example, treatment is effective)

Summary of findings

Clinicians were able to prioritise according to patients' needs, and were able to make use of available resources.

Prescribing for the practice had been reviewed; however this did not include the specific practice of each individual prescriber.

Staff were appropriately qualified and had opportunities to develop their skills and knowledge.

We found that the practice positively engaged and worked in partnership with other services to meet the needs of patients in a coordinated and effective way.

The practice provided a variety of health promotion information for patients.

Our findings

Promoting best practice

Clinicians were able to prioritise according to patients' needs, and were able to make use of available resources.

Prescribing for the practice had been reviewed; however this did not include the specific practice of each individual prescriber.

Staff were appropriately qualified and had opportunities to develop their skills and knowledge.

We found that the practice positively engaged and worked in partnership with other services to meet the needs of patients in a coordinated and effective way.

The practice provided a variety of health promotion information for patients.

Management, monitoring and improving outcomes for people

The data we obtained before our inspection identified that the practice had a high prescribing rate for Cephalosporins and Quinolones (antibiotic and antibacterial drugs). We saw that the Cleveland Medical Practice operated a clinical audit system which aimed to improve the service and provide the best outcome

for patients. During our inspection we saw evidence of audits of Cephalosporin prescribing conducted in April 2013. We noted that the practice had made changes following the results of the audit. They continued to audit this prescribing and an improvement in the volume of prescribing had been made.

We talked with three GPs who were knowledgeable about patients' needs and we were provided with examples of where the GPs had demonstrated good practice.

Staffing

We saw evidence of staff training, for example, safeguarding of vulnerable adults, safeguarding of children and information governance training. There was clear information available to enable the practice manager to see at a glance when staff training was due, and if all staff had attended appropriate training.

Staff told us they received annual appraisals to review their work, skills and training needs. The practice manager told us they had yet to set the dates for appraisals for 2014 to 2015. We spoke with a new member of staff. They

Are services effective?

(for example, treatment is effective)

confirmed that they had completed an induction programme. They told us they had worked alongside an experienced member of staff and received support to carry out their work. We saw that there was an induction programme in their file and the practice manager had recorded that they had completed this. However, not all sections of the induction programme had been completed or recorded as completed and the employee had not signed to acknowledge this.

Working with other services

Staff we spoke with said that they had a close working relationship with other healthcare and social care providers such as social services, local mental health and palliative care teams and the district nursing team. We looked at the end of life meeting minutes and saw these were attended by GPs and representatives of the community care team. The close relationships between the services helped to ensure that patients experienced 'joined up' health and social care.

Health, promotion and prevention

A practice nurse told us that patients were encouraged to take an interest in their health, and were supported to live healthier lives. Systems were in place to promote that patients attended relevant screening programmes and health checks to help identify and minimise risk factors.

There was a large range of health promotion information available at the practice. This included information on requesting a chaperone, victim support, atrial fibrillation (an abnormal rhythm of the heart) and world asthma day.

Are services caring?

Summary of findings

Patients and carers described the service provided as very good. Patients felt their views were listened to and were respected. Patients told us that they were involved in decisions about their care and treatment and were treated with dignity and respect by both the clinical and non-clinical staff.

We saw that where patients did not have the capacity to consent, the practice acted in accordance with the legal requirements.

Our findings

Respect, dignity, compassion and empathy

Staff told us that importance was given to ensuring that patients' privacy and dignity was respected. We observed and heard members of staff addressing patients in a polite and respectful manner. Staff were mindful to ensure patients privacy and confidentiality was respected. Staff told us it could be difficult to maintain confidentiality at the reception desk due to the open nature of the waiting room. Staff could take patients into an empty consulting room if they wished to speak in private. A notice was displayed in the reception area informing patients of this.

During the inspection we noted music was played in the waiting area; staff told us this was to help reduce the incidence of patients privacy being breached at the reception desk. There were notices asking patients waiting to speak with the receptionist to queue from the other end of the reception desk, whilst staff were attending to other patients. This was to minimise private conversations at the reception desk being overheard.

Staff we spoke with understood issues relating to confidentiality, and they knew which information could appropriately be shared with relatives and carers. Staff were friendly, caring and professional in discussions with patients on the telephone and face to face.

Most of the staff we spoke with had worked at the surgery for a considerable time. They told us they had built up positive relationships with patients using the service and respected patients' wishes and preferences.

Responses from the last annual survey that 268 patients of the practice completed during October and November 2013 showed that 83% of patients rated their satisfaction with 'how helpful were staff when they spoke with you' as 'good' or 'very good.' We contacted nine care homes that the practice supported. All nine care homes said that they found the staff to be friendly, respectful and caring in their approach to patients who lived at the homes.

The waiting area included various information sign posting patients to support available, such as citizens advice, advocacy and bereavement services.

We spoke with seven patients during our inspection. All of their comments were positive and did not raise any concerns about patients' safety. Patients told us they felt

Are services caring?

safe and trusted the GPs and nurses. We saw from training records, and discussions with staff confirmed they had received first aid and Cardiopulmonary resuscitation (CPR) training.

Involvement in decisions and consent

Staff told us that the majority of patients who used the service spoke English. Staff informed us they had access to an interpreter service when required for patients whose first language was not English. Staff told us they had effectively used the service recently for one patient whose first language was not English.

We saw there was a protocol in place which set out how the practice involved patients in their treatment choices so that they could make informed decisions about their treatment. The protocol included information about patients rights to withdraw consent. There was reference to Gillick guidelines when assessing whether children under sixteen were mature enough to make decisions about their care without parental consent. Gillick guidelines and the revised 2004 Department of Health guidance for health professionals, states that children under 16 years can be legally competent if they have 'sufficient understanding and maturity to enable them to understand fully what is proposed'. We saw that staff had access to guidance to involve and help patients make informed consent about their care and treatment.

The practice nurse we spoke with had a clear understanding of the guidelines around giving advice and treatment to under 16 year olds without parental consent.

Patients we spoke with told us they felt involved in decisions about their treatment. We were told the GPs and nurses gave them time to ask questions. They were happy with the level of information available at the practice and the information they were given. Patients we spoke with told us they understood the next steps in their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

We found that the practice understood the individual needs of patients and made reasonable adjustments accordingly.

The practice worked effectively with other health and social care services to ensure patients received the best outcomes.

The practice sought engagement with patients to gather feedback on the quality of the service provided and responded to the feedback in order to improve the service.

Our findings

Responding to and meeting people's needs

We contacted nine care homes that the surgery supported. Representatives of patients who lived at the homes said that the service usually responded promptly to patients needs, and visited patients as often as required.

Staff showed us how the IT system identified patients and children who may need support, including patients receiving end of life care, all looked after children and those on the child protection register. The reception staff had a list of patients receiving end of life care, to ensure that they received priority when requesting a visit or support.

We spoke with seven patients who used the practice and received feedback from the representatives of nine care homes. They told us they had a good relationship with the practice and the doctors and nurses listened to patients views and took these into account when offering treatment.

Access to the service

Staff told us that various improvements had been made to the appointment system to enable patients to have better access. Non urgent appointments could be booked and cancelled on-line. Further reception staff were on-duty to cover busier times at the practice. Staff told us the appointment of three new doctors and a nurse prescriber since October 2013 had seen a reduction in the waiting times for appointments. We were told greater use had been made of telephone consultations. A clinician led telephone triage system was also in place to ensure patients could access urgent appointments where this was required.

The practice had been alerted by patients to the lack of asthma health care review appointments available after school hours. The practice manager and practice nurse rescheduled the asthma review appointments to ensure there was appointment availability for children after school hours.

The reception staff promptly responded to telephone calls requesting an appointment. Patients were asked who they wished to see and where possible were provided with an appointment. Later appointments were available three evenings a week to enable convenient access the service. The nurse practitioner usually saw the majority of patients requiring an urgent appointment. Patients saw a GP when required.

Are services responsive to people's needs?

(for example, to feedback?)

Despite the above improvements, waiting times at the time of our inspection for non–urgent appointments were a week or more. Where patients requested to see certain doctors the waiting time was two weeks or more. We spoke with the practice manager about patients concerns around advanced appointment availability. We were told the practice was looking at installing a new telephone system. It was anticipated this would improve telephone access and management of telephone calls to the practice. We were told the recruitment of the nurse practitioner and the nurse triage appointment system had increased appointment availability and seen an effective improvement in the management of the appointment system. However the appointments and waiting times were not audited at regular intervals to enable the practice to oversee how well the systems worked.

There were a high number of patients who did not attend (DNA) for their booked appointments each week at the practice. A system was in place to monitor the number of patients' that DNA their appointment and this information was updated each week and displayed in the reception area. The staff told us this was to make patients aware of the impact these DNAs had on the practices appointment availability.

Concerns and complaints

We reviewed the systems in place for managing complaints. We saw that complaints were responded to in a timely manner and resolved where possible to the complainant's satisfaction. The practice had a complaints policy and procedure. This was available electronically on the practice website. However there were no leaflets available in the reception area or posters advising patients of how they could raise a concern or complaint with the practice. Patients we spoke with told us they would take any concerns they had to the receptionists.

We spoke with representatives of nine local care homes which also provided nursing care where patients were registered with the practice. They told us they could not fault the service provided. We were told that they had no concerns about the service but if they did they would know who to go to and were confident that they would be listened to and their concerns would be addressed.

Are services well-led?

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

Summary of findings

There was a clear leadership and management structure. The partners and the practice manager we spoke with understood how they needed to take forward the practice in the future to improve patients experiences. The appointment system and nursing team had been restructured to improve efficiency and meet patients expectations.

We saw that staff had an annual appraisal to enable them to reflect on their own performance with the aim of learning and improving the service. Staff told us they felt very supported. There was evidence of a range of team meetings, which included department meetings and whole practice meetings.

There was a commitment to learn from feedback, complaints and incidents. There was an emphasis on management seeking to learn from stakeholders, in particular through the local clinical commissioning group (CCG) and the patient participation group (PPG).

Our findings

Leadership and culture

We saw that there was a clear leadership and management structure at the practice. The practice manager and GP partners told us of the changes the practice had been through over the last year and there was a clear understanding of how they needed to take forward the practice in the future to improve patients' experiences.

Staff we spoke with felt that the service was well run and that clear lines of responsibility were in place. Staff also felt able to express their views and raise any concerns about the care and service with the practice manager. We were told the practice manager was approachable and responded to ideas and concerns raised. Staff were clear about their roles, responsibilities and accountabilities. Discussions with staff and the records we looked at showed that staff had opportunities to share information and expressed their views through regular meetings.

Governance arrangements

The practice had systems in place to review both clinical and administrative services. The partners and practice manager held monthly partnership meetings. There were systems in place to identify risks such as appointment availability; staff shortage and GP cover arrangements.

Staff who worked at the practice received appropriate professional development and training. We saw evidence of regular training and course attendance supported by certificates. The courses attended included: information governance, equality and diversity, customer centred care and conflict management. The practice manager told us some of the training was done through online training. Child protection training had been completed by all GPs, nurses and other health care staff. This training was on-going along with safeguarding of vulnerable adults (SOVA) and safeguarding children for reception and non-clinical staff.

We saw there were systems in place relating to information governance. Access to clinical records was restricted to those only those staff who needed it. Telephone calls requiring privacy were conducted in an area away from patients. We saw minutes of staff, nurse and GP meetings that demonstrated discussion of complaints and significant events and the learning outcomes from these incidents.

Are services well-led?

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

Governance arrangements at the practice were well defined with staff aware of their accountability and their teams.

There were clear procedures to ensure patients' medical records were kept in good order and stored securely. We saw that patients' paper and electronic medical records had been well maintained whilst they were registered with the practice.

Systems to monitor and improve quality and improvement

We found the practice manager and partners held regular practice meetings. These included reviewing all accidents/ incidents and significant events which had taken place, we saw evidence that where risks had been identified, action had been taken to minimise potential risk and audits had been completed to ensure the effectiveness of the action taken. There was an open approach to any issues raised and staff were informed of any learning through meetings.

There were on-going checks of the safe running of the practice such as health and safety, fire risk assessments, and portable appliance testing (PAT).

Patient experience and involvement

Patients who used the service were asked for their views about their care and the service, and their comments were acted on. Records showed that the results of the annual satisfaction surveys were analysed and that an action plan was put in place to help improve the service.

We saw there was an active virtual Patient Participation Group (PPG). This is a group of patients registered with the practice who have an interest in the service provided by the practice and can access information and give feedback via emails. There was a PPG information board in the waiting area. The practice manager told us this was overseen by members of the PPG. We saw there was information on how to join the virtual PPG, copies of the latest newsletter and PPG meeting minutes. There was also information on First Aid Awareness sessions available for patients' at the practice. A minimal fee was charged which went towards the cost of the First Aid trainer.

Patients who used the service were asked for their views about their care and the service, and their comments were acted on. Records showed that the results of the annual satisfaction surveys were analysed, and that an action plan was put in place with planned reviews to help improve the service.

Staff engagement and involvement

We spoke with 13 members of staff during our inspection. Staff told us they enjoyed working at the practice and felt supported by the partners and the practice manager. We were told they attended a range of regular training. We saw from records we looked at that appraisals were performed annually. This meant that staff were provided with an opportunity to reflect on their own performance with the aim of learning and improving the service provided. There was evidence of a range of team meetings, including department meetings and whole practice meetings. These provide an opportunity for staff to raise issues, concerns and innovative ideas for discussion and resolution.

Learning and improvement

The practice manager had systems in place which enabled learning and improved performance. For example, a significant event was noted during our inspection in relation to the auditing of expired stock. The practice demonstrated they had learned from this and put in place improvements in the arrangements by altering the process for auditing stocks of medication and equipment. There was a commitment to learn from feedback, complaints and incidents. There was an emphasis on management seeking to learn from stakeholders, in particular through the local CCG and the patient participation group.

We saw staff attended a number of meetings to identify learning and promote good practice such as clinicians meetings and multidisciplinary meetings. The practice participated in three monthly time to learn meetings and staff were encouraged to attend. This gave staff the time and opportunity to focus on training away from their usual role.

Identification and management of risk

We looked at the business continuity plan for the practice. We saw that this included agreement of arrangements with other services for example in response to a disaster situation where the premises were no longer usable. The practice ensured that any risks to the delivery of high quality care were identified and mitigated before they adversely impacted on the quality of care. Risks were discussed at the monthly practice meeting and any action taken or necessary was documented and cascaded to all staff.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

The practice was responsive to the needs of older patients. Access to the surgery was via a ramped area with hand rails providing support either side of any steps. The doors provided wide access for patients who used a wheelchair as did the reception and treatment areas. Representatives from nine local care homes which also provided nursing care told us they had a good working relationship with Cleveland Medical Practice. We were told the team were all really helpful and requests for advice or home visits were responded to.

Our findings

During our inspection we saw the practice provided responsive, caring, effective and well led services for older patients. Patients told us they were happy with the service provided and felt the GPs, nurses and staff were caring and treated them with respect. We were told us that the practice had been very supportive and offered access to other services such as counselling.

There were monthly multidisciplinary meetings with the clinical staff which included local district nurses. These meetings gave the practice the opportunity to discuss and review patients' care needs. We spoke with representatives of nine care homes for older patients'. We were told patients' were supported to make informed decisions about their treatment and they were happy with the care the practice offered their residents. A named GP has started to be allocated to patients' over 70 years old, with patients being asked for their preference. For housebound patients there was access to a home visiting nurse for services such as health checks and flu vaccinations.

The practice audited those patients at greatest risk of unplanned admission to hospital. The meant that those patients at risk of unplanned admission, of which older people are likely to be included, will have their care case managed to ensure that any avoidable causes of hospital admission are reviewed and managed.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Summary of findings

The practice was responsive to patients with long-term conditions. Patients with long term conditions such as epilepsy or chronic obstructive pulmonary disease were supported with annual, or when required, health checks and medication reviews. Where possible, clinicians reviewed patients for all their long term conditions or health care needs at a single appointment. This was to prevent patients attending the service for multiple health care reviews.

Our findings

During our inspection we saw the practice provided responsive, caring, effective and well led services for patients with long term conditions. Patients with long term conditions such as epilepsy or chronic obstructive pulmonary disease were offered regular reviews of their health conditions and medication.

There was effective communication between the practice and the out of hours service regarding patients with long term conditions. The practice had lead nurses in a variety of long term conditions who were able to monitor this group of patients. We found that for patients with multiple long-term conditions, may need to see several nurses to monitor and review their various conditions. This was because although some nurses had speciality areas, most only dealt with one speciality or condition.

Where a patient required palliative care services multi-disciplinary meetings were held with other health care professionals to agree and co-ordinate care.

Patients told us that they were happy with the care and treatment they received and felt they were involved in decisions about their care and treatment.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Summary of findings

The practice was responsive to mothers, babies and young children. Patients with young children and babies we spoke with told us the service was quick to respond to appointment requests for young children and babies. The practice provided appointments for teenagers requesting confidential advice on contraception and sexual health.

Our findings

During our inspection we saw the practice provided responsive, caring, effective and well led services for mothers, babies, children and young patients. Patients we spoke with told us the practice was very supportive and prioritised urgent appointments for young children and babies. Staff were aware of the Gillick guidelines and would refer to the GP when assessing whether children under sixteen were mature enough to make decisions without parental consent. Parents had raised concerns as asthma health care review appointments were often only available during school hours. The practice rescheduled the asthma review appointments to ensure there was appointment availability for children after school hours.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Summary of findings

The practice was responsive to the working-age population and those recently retired. The nurse practitioner offered telephone triage and directed patients to appropriate appointments when required. The practice offered extended hours appointments two evening per week. The practice offered a choose and book referral service when patients were referred to other services.

Our findings

The service was responsive to the working-age population and those recently retired. The practice offered bookable appointments which included extended hours appointments. The nurse practitioner offered triage and directed patients to appropriate appointments when required. The practice manager audited staff availability to ensure any shortfalls in staff or appointment availability were responded to in a timely manner. The practice offered a choose and book referral service when patients needed to be referred to other services. Information on other services was also available.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Summary of findings

The practice was responsive to patients in vulnerable circumstances. The practice provided a person centred approach to treatment, accessible care and worked closely with other health and social care providers according to the individual needs of patients.

Our findings

During our inspection we saw the practice provided responsive, caring, effective and well led services to patients in vulnerable circumstances. The practice provided the enhanced service contract for patients with learning disabilities. This meant that the practice identified patients aged 18 or over with the most complex needs and offered them an annual health check.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Summary of findings

The practice was responsive to patients experiencing poor mental health problems. The practice liaised with other local community mental health teams and clinical psychologists as part of a multidisciplinary team. The practice liaised with the individual and offered regular health care reviews of their condition, treatment and medication.

Our findings

During our inspection we saw the practice provided responsive, caring, effective and well led services to patients who may be experiencing poor mental health. Patients with on-going mental health conditions were invited for annual health checks. These checks included other health checks, for example cervical smears, blood pressure checks and smoking cessation advice. The practice offered a reminder service to patients' to promote attendance at health care reviews and medication reviews. The practice liaised closely with other health care services, for example the community mental health team.