

Bridges Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bridges Medical Practice on 1 June 2016. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and compared to the national average.
- 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 their care and decisions about their treatment.

- Data from the National GP Patient Survey showed patients rated the practice slightly lower than others for several aspects of care.
- Information about services and how to complain was available and easy to understand.
- Patient feedback about appointment availability was mixed. However, generally, patients told us they could get an appointment with a named GP, there was continuity of care and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw an area of outstanding practice:

- The practice had produced a DVD and YouTube video to give patients with learning disabilities an overview of what was involved in an annual health check. It gave an overview of what an annual health

Summary of findings

check was for and what type of questions the GP or nurse might ask. The video had received 511 views on YouTube. The practice had distributed copies of the DVD to local day centres and residential facilities for people with learning disabilities. A link to the

YouTube video was also sent via social media to help reach a larger audience. The DVD was sent to practices within the surrounding local clinical commissioning groups.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. For 18 of the 19 clinical domains within QOF the practice had achieved 100% of the points available and for all the clinical areas, the practice achieved more of the points available than the clinical commissioning group (CCG) and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice slightly lower than others for several aspects of care. The practice told us they would review their performance to help them identify how they could further improve.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. A GP was part of the local Care Home Vanguard to improve access and care in Care Homes.
- Patient feedback about appointment availability was mixed. However, generally, patients told us they could get an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice actively identified patients who were veterans of the armed forces to help direct them to sources of specialist help and support. The practice had 103 patients on this register.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The practice manager and GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff provided proactive, personalised care, which met the needs of older patients. Patients aged 75 and over were allocated a named GP to help ensure their needs were met.
- Good arrangements had been made to meet the needs of 'end of life' patients. Staff held regular palliative care meetings with other healthcare professionals to review the needs of these patients and ensure they were met.
- The practice offered home visits and longer appointment times where these were needed by older patients. The practice had a visiting practice nurse who focussed on meeting the needs of patients in care homes.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group.
- The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people.

People with long term conditions

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

Good



- Effective systems were in place, which helped ensure patients with long-term conditions received an appropriate service, which met their needs. These patients all had a named GP and received an annual review to check that their needs were being met. For those people with the most complex needs, the named GP worked with other relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for some of the clinical conditions commonly associated with this population group. For example, performance for diabetes related indicators was better than the clinical commissioning group (CCG) and national averages. The practice achieved 99.9% of the points available. This compared to an average performance of 92% across the CCG and an 89.2% national

Summary of findings

average. In addition, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91.8%, compared to a national average of 88.3%.

- Longer appointments and home visits were available when needed.
- Patients at risk of hospital admission were identified as a priority, and steps were taken to manage their needs.
- Staff had completed the training they needed to provide patients with safe care.

Families, children and young people

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

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80.5% to 100% and five year olds from 86.4% to 100%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 81.3% to 97% and five year olds from 89.8% to 97.9%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data showed the practice had performed in line with average for providing recommended care and treatment for this group of patients.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The practice had assessed the needs of this group of patients and developed their services to help ensure they received a service, which was accessible, flexible and provided continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Nationally reported data showed the practice provided recommended care and treatment that was in line with or above national averages for this group of patients. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was higher than the national average. 87.9% of patients had a reading measured within range, compared to 83.7% nationally.

People whose circumstances may make them vulnerable

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. In particular, we found the practice were outstanding in providing a caring and responsive service to this population group.

- The practice held a register of patients living in vulnerable circumstances including patients with learning disabilities.
- Staff carried out annual health checks for patients who had a learning disability and offered longer appointments.
- The practice had produced a DVD and YouTube video to give patients with learning disabilities an overview of what was involved in an annual health check. It gave an overview of what an annual health check was for and what type of questions the GP or nurse might ask. The video had received 511 views on YouTube. The practice had distributed copies of the DVD to local day centres and residential facilities for people with learning disabilities. A link to the YouTube video was also sent via social media to help reach a larger audience. The DVD was sent to practices within the surrounding local clinical commissioning groups.
- The practice maintained a register of patients who were veterans of the armed forces. The practice had 103 patients on this register. They also kept up to date information about local resources, support groups and organisations, which might be relevant to the needs of veterans. By noting a patient was a veteran on the practice clinical system; this information was

Outstanding



Summary of findings

available to clinicians in making decisions about treatment options. This included identifying where a veteran may have priority access to NHS hospital care for any condition related to their service.

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff provided vulnerable patients with information about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff understood their responsibilities regarding information sharing, the documentation of safeguarding concerns and contacting relevant agencies.

People experiencing poor mental health (including people with dementia)

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

- The practice had identified 1.3% of their population with enduring mental health conditions on a patient register to enable them to plan and deliver relevant services.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of the points available. This compared to an average performance of 92.7% across the CCG and 92.8% national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.5%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review within the preceding 12 months was better than the national average at 93.8% (compared to a national average of 84.0%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- They had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The latest GP Patient Survey published in January 2016 showed the majority of patients were satisfied with their overall experience of the GP surgery (at 81.2%); however, this was lower than the clinical commissioning group (CCG) average of 86.2% and the England average at 85.1%. There were 343 survey forms distributed for Bridges Medical Practice and 88 forms were returned. This was a response rate of 25.7% and equated to 1.8% of the practice population.

- 70% of patients said they would definitely or probably recommend the GP surgery to someone who had just moved into the area (compared to a CCG average of 80.5% and a national average of 79.3%).
- 88.4% found it easy to get through to this surgery by phone (compared to a CCG average of 78.5% and a national average of 73.3%).
- 83.3% found the receptionists at this surgery helpful (compared to a CCG average of 87.7% and a national average of 86.8%).
- 76.5% were able to get an appointment to see or speak to someone the last time they tried (compared to a CCG average of 75.8% and a national average of 76.1%).
- 79.1% said the last appointment they got was convenient (compared to a CCG average of 92.3% and a national average of 91.8%).
- 62.9% described their experience of making an appointment as good (compared to a CCG average of 75.2% and a national average of 73.3%).
- 61.3% felt they normally did not have to wait too long to be seen (compared to a CCG average of 60.8% and a national average of 57.7%).

As part of our inspection, we also asked for patients and staff to complete CQC comment cards prior to our

inspection. We received 42 comment cards, which were positive about the standard of care received. This included 40 from patients and two from current or previous staff members and members of the extended health care team. We also received a handwritten letter from a member of the patient participation group, who was unable to meet with us on the day of the inspection. Overall, respondents used terms such as excellent, extremely satisfied and well looked after to describe their experience of the practice. They described staff as being good listeners, friendly, cooperative and helpful. Although all patients were positive about their experience of the service they received, some did raise concerns about the ease at which they could make an appointment. In particular, this related to telephoning in for an appointment and booking appointments in advance.

We spoke with 12 patients during the inspection. The majority of patients said they were happy with the care they received and thought staff were approachable, committed and caring. Some did tell us they sometimes had a wait of a few weeks to get a routine appointment.

The practice published the results of the national friends and family test (FFT) on their website. (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). In the month of January 2016, five of patients completing the test said they were 'likely' or 'extremely likely' to recommend the service to family and friends. Similarly, two patients said this in February 2016. In March 2016, one person said they were 'unlikely' to recommend.

Outstanding practice

- The practice had produced a DVD and YouTube video to give patients with learning disabilities an overview of what was involved in an annual health check. It gave an overview of what an annual health check was for and what type of questions the GP or nurse might ask. The video had received 511 views

on YouTube. The practice had distributed copies of the DVD to local day centres and residential facilities for people with learning disabilities. A link to the

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YouTube video was also sent via social media to help reach a larger audience. The DVD was sent to practices within the surrounding local clinical commissioning groups.

Bridges Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor and a second CQC inspector.

Background to Bridges Medical Practice

Bridges Medical Practice is registered with the Care Quality Commission to provide primary care services. The practice provides services to approximately just over 4,800 patients from one location: Bridges Medical Practice, Trinity Square Health Centre, 24 West Street, Gateshead, NE8 1AD, which we visited as part of this inspection.

Bridges Medical Practice is a small sized practice providing care and treatment to patients of all ages, based on a Personal Medical Services (PMS) contact agreement for general practice. The practice is part of the NHS Newcastle Gateshead clinical commissioning group (CCG).

The practice is based in the Trinity Square Health Centre, which is in the centre of Gateshead and is part of a new shopping centre. The building is a new purpose built health centre and is fully accessible for all patients. There is on-site parking, including disabled parking.

The practice manager is the registered provider. There are also five salaried GPs (four female and one male), and one regular male locum GP. In addition, there is also a pharmacist, a nurse practitioner, two practice nurses, a health care assistant, a phlebotomist, and a team of eight administrative and reception staff. The practice is a training practice, teaching third year undergraduate medical students.

The surgery is open between 7:30am and 6pm Monday, Wednesday and Thursdays and between 8:30am and 6pm Tuesday and Fridays. Extended hours surgeries are offered on Monday, Wednesday and Thursday from 7:30am, for those patients unable to attend during normal working hours. Practice staff are also part of a local hub providing area wide extended access to healthcare for patients from GPs and nurses on weekday evenings between 6pm and 8pm and at weekends.

The consultation times on a Monday, Wednesday and Thursday are between 7:30am and 11:30am and 2pm to 5:30pm. On a Tuesday and Friday, they are between 8:30am and 11:30am and 2pm to 5:30pm. Phone lines for appointments and other routine requests operate the same hours as opening times.

The NHS 111 service and Gateshead Community Based Care Limited provide the service for patients requiring urgent medical attention out of hours.

Information taken from Public Health England placed the area in which the practice was located in the second most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 75 years, which is four years lower than the England average of 79 years. The average female life expectancy is 80 years, which is three years lower than the England average.

The percentage of patients reporting with a long-standing health condition is slightly lower than the national average (practice population is 52.3% compared to a national average of 56.9%). Higher numbers can indicate an increased demand for GP services.

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 June 2016. During our visit we:

- Spoke with a range of staff (the practice manager, four GPs, a nurse practitioner, a practice nurse, a healthcare assistant, and three administration and reception staff) and spoke with patients who used the service. We spoke with members of the extended community healthcare team who were not employed by, but worked closely with the practice.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice made improvements following an incident where there had been delays in authorising a request for a repeat prescription through the electronic prescribing system. (The electronic prescribing system allows prescribers to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice.) They audited the patient journey to identify the reasons for the delay and produced a flow chart to clarify the process for authorising repeat prescriptions to reduce the risk of this happening again.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to children's safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions which allow specified healthcare professionals to supply or administer a particular medicine in the absence of a written prescription.)
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office, which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2014/15 showed the practice had achieved 100% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was higher than the national average of 94.8%. The clinical exception reporting rate was 7.9%, which was lower than the clinical commissioning group (CCG) and national averages. (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.)

This practice was not a statistical outlier for any QOF (or other national) clinical targets.

Data from 2014/15 showed;

- For 18 of the 19 clinical domains within QOF the practice had achieved 100% of the points available and for all the clinical areas, the practice achieved more of the points available than the CCG and national average.
- Performance for diabetes related indicators was better than the clinical commissioning group (CCG) and national average. The practice achieved 99.9% of the points available. This compared to an average performance of 92% across the CCG and an 89.2% national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding

12 months was 91.8%, compared to a national average of 88.3%. The percentage of patients on the diabetes register who had an influenza immunisation was 96%, compared to a national average of 94.5%.

- Performance for asthma related indicators was better than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 96.6% across the CCG and a 97.4% national average. For example, the percentage of patients on the asthma register who had an asthma review within the preceding 12 months that included an assessment of asthma control was 80.1%, this compared to a national average of 75.4%.
- The percentage of patients with hypertension having regular blood pressure tests was higher than the national average. The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 87.9%, compared to 83.7% nationally.
- Performance for heart failure related indicators was better than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 97.9% across the CCG and national average.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of the points available. This compared to an average performance of 92.7% across the CCG and 92.8% national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.5%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychosis with an alcohol consumption recorded in the preceding 12 months was 96.6%. This compared to an 89.6% national average.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review within the preceding 12 months was better than the national average at 93.8% (national average 84%).

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing the needs of patients prescribed vitamin B12 injections to ensure this medication was appropriately prescribed.

Information about patients' outcomes was used to make improvements such as;

- Reviewing the prescribing of anticoagulants (which are medicines used to reduce the risk of blood clots) for the patient to ensure those prescribed are most appropriate in terms of safety, efficacy, patient preference and cost.
- The needs of children prescribed inhalers, who did not have a formal diagnosis of asthma recorded were reviewed, to ensure the prescribed treatment was appropriate.
- A review of the sequence of the 6-week check-up for new-born babies and babies' first immunisations was carried out, which led to improved uptake and reduced the number of wasted appointments.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- These included patients in the last 12 months of their lives; carers; armed forces veterans; patients with learning disabilities; those at risk of developing a long-term condition; and, those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 81.2%, which was similar to the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and in alternative formats for those with a

learning disability and they ensured a female sample taker was available. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccination given to under two year olds ranged from 80.5% to 100% and five year olds from 86.4% to 100%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 81.3% to 97% and five year olds from 89.8% to 97.9%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice, for example, the nurse took samples opportunistically when this was possible.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 12 patients, including five members of the patient participation group, and received a letter from another member. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. In particular, the group told us the level of support provided to patients with learning disabilities to keep healthy and well was very good. They told us staff were very considerate of the needs of patients with learning disabilities and had a good understanding of their communication and support needs.

Results from the National GP Patient Survey showed results were slightly lower than national average for satisfaction scores on consultations with doctors and nurses. For example, of the patients who responded:

- 80.3% said the GP was good at listening to them compared to the CCG average of 91% and national average of 88.6%.
- 78.4% said the GP gave them enough time compared to the CCG average of 88.9% and national average of 86.6%.
- 90.2% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.9% and national average of 95.2%.

- 78% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86.8% and a national average of 85.3%.
- 79.1% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.6% to a national average of 90.6%.
- 83.3% said they found the receptionists at the practice helpful compared to the CCG average of 87.7% and national average of 86.8%.

The practice told us they continued to look at ways they could improve the service provided to patients. They told us they would review the National GP Patient Survey to benchmark their performance against other practices in the area.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey we reviewed showed patients views were slightly below average on questions about their involvement in planning and making decisions about their care and treatment. For example, of the patients who responded:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.8% and national average of 86%.
- 76.7% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83.8% and a national average of 81.6%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers (120 patients). Written information was available to direct carers to the various avenues of support available to them.

The practice maintained a register of patients who were veterans of the armed forces. This helped the practice to

direct them to sources of specialist help and support, and also identify where they would have priority access to NHS hospital care for any condition related to their service. The practice had 103 patients on this register.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. A number of staff held key roles in the CCG and nationally. A GP is part of the local Care Home Vanguard to improve access and care in Care Homes. (Vanguards are initiatives, which lead the way in new developments or ideas within health and social care.)

- The practice offered a 'Commuter's Clinic' on a Monday, Wednesday and Thursday morning from 7:30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The practice had produced a DVD and YouTube video to give patients with learning disabilities an overview of what was involved in an annual health check. The video was produced with support from patients with learning disabilities and staff at the practice and was funded by two local clinical commissioning groups. It gave an overview of what an annual health check was for and what type of questions the GP or nurse might ask. There were plans in place to produce another video giving patients with learning disabilities information about cancer and checks that may be carried out, for example, checks for prostate cancer. The video had received 511 views on you tube.
- The practice had been designated a safe place for vulnerable people, including people with learning disabilities. This scheme identifies safe places in the community where vulnerable people can go if they get into trouble or feel unsafe, frightened or bullied. There was a notice in the practice waiting area informing patients and visitors of this.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There was a practice champion for veterans of the armed forces. They acted as a conduit for information relating to services for for veterans of the armed forces and provide advice and signposting for these patients. The practice maintained a pack of resources and information for patients who were veterans of the armed forces. They had links to various different support organisations and groups locally.

Access to the service

The surgery was open between 7:30am and 6pm Monday, Wednesday and Thursdays and between 8:30 and 6pm Tuesday and Fridays. Extended hours surgeries were offered on Monday, Wednesday and Thursday from 7:30am, for those patients unable to attend during normal working hours. Practice staff were also part of a local hub providing area wide extended access to healthcare for patients from GPs and nurses on weekday evenings between 6pm and 8pm and at weekends.

The consultation times on a Monday, Wednesday and Friday were between 7:30am and 11:30am and 2pm to 5:30pm. On a Tuesday and Friday they were between 8:30am and 11:30am and 2pm to 5:30pm. Phone lines for appointments and other routine requests operate the same hours as opening times. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

The results of the National GP Patient Survey with how satisfied patients were with how they could access care and treatment was broadly in line with national and local clinical commissioning group averages, although there was lower performance on some indicators. Of the patients who responded:

- 76.5% said they were able to see or speak to someone last time they tried, compared to a CCG average of 75.8% and a national average of 76.1%.
- 79.1% of patients found the appointment was very or fairly convenient, compared to a CCG average of 92.3% and a national average of 91.8%.
- 73.8% of patients were satisfied with opening hours, compared to a CCG average of 81.4% and a national average of 78.3%.
- 88.4% found it easy to get through to this surgery by phone compared to a CCG average of 78.5% and a national average of 73.3%.

Are services responsive to people's needs?

(for example, to feedback?)

- 62.9% described their experience of making an appointment as good compared to a CCG average 75.2% and a national average of 73.3%.
- 61.3% said they felt they normally do not have to wait too long to be seen compared to a CCG average 60.8% and a national average of 60.8%.

We received mixed feedback from patients on the day of the inspection about whether they were able to get appointments when they needed them. All told us they could get an urgent appointment when required, but some told us there could be a wait of a couple of weeks for a routine appointment. Some told us they would go to the urgent care and walk in centres locally, if they could not get an appointment. We reviewed the appointment availability on the day of the inspection, and found a GP appointment was available on the same day. An appointment with a practice nurse was available the following week and an appointment with a healthcare assistant was available the following day. The practice told us they were continually working to increase the number of appointments available to patients. They had carried out a capacity and demand audit to ensure they provided the right range and type of appointments. They encouraged on-line access to appointment booking and prescription requests, to free up telephone lines at peak times. The practice told us they continued to look at ways they could improve the service provided to patients. They told us they would review the National GP Patient Survey to benchmark their performance against other practices in the area.

Listening and learning from concerns and complaints

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

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a practice specific complaints leaflet and information was available on the practice website about how to make a complaint.

We looked at two complaints received in the last 12 months and found these were taken seriously and fully investigated. The practice was open and transparent in the way it handled complaints. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice had investigated a complaint relating to appointment availability. They had clarified with staff about communicating with patients about appointment availability to ensure the information they gave going forward was clear and accurate.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. This was 'working together to improve the care of our patients'.
- The practice had a robust strategy and supporting business plans, which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

The practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They were supported in clinical leadership by the employed GPs. The practice prioritised safe, high quality and compassionate care. Managers were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The management team encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG, which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they involved the PPG in making plans for access to on-line services, such as requesting repeat prescriptions and booking appointments.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, they were part of the local vanguard to improve healthcare

Are services well-led?

Good 

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

for patients in care homes. They were involved in a number of different initiatives locally to improve the health of their patients. They had in place a primary care navigator to support patients to access health and care services locally. They had produced videos to be used nationally to help patients with learning disabilities understand their care and treatment.

The practice looked for opportunities to strengthen and develop diversity and roles of the primary health care team, by providing opportunities for student paramedics and nurses to gain practical experience within the practice.