

# Kings Medical Centre

## 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

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# 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 Kings Medical Centre on 8 September 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that 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.
- 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.

However there were areas of practice where the provider should make improvements

- Ensure there is an audit trail of blank prescriptions forms.
- Ensure all staff are up to date with mandatory training.
- Ensure the practice's vision is documented in a written strategy and outlines their plans for the future.

# Summary of findings

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- 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.
- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- 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 people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice worked with the CCG and the community matron to identify their patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admissions or A/E attendances.
- Patients said they were able to make an appointment with a named GP but they might have to wait longer. Urgent appointments were 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

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

Good



# 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over the age of 75 had a named GP.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example, performance for diabetes related indicators was 93% which was 3.8% above the local CCG and national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- 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 from 2014/2015 showed the practice's uptake for the cervical screening programme was 79.2%, which was 3.7% above the local CCG and 2.5% above the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was an eight week post natal visit that was a joint appointment with the GP and nurse which allowed the baby to have their first immunisations and contraceptive advice to be discussed all at one visit.
- We saw good examples of joint working with midwives, health visitors and school nurses. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours were provided on a Saturday morning.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## **People experiencing poor mental health (including people with dementia)**

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

- Nationally reported data from 2014/2015 showed 77.8% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was 2.4% above the local CCG average and 0.8% above the national average.
- Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record, in the preceding 12 months was 79.4%. This was 4.2% above the local CCG average and 2.2% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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.
- A counselling service was available in the practice for people with addictions.

**Good**



# Summary of findings

## What people who use the service say

The National GP patient survey results published on the 15 June 2015 showed the practice was performing in line with local CCG and national averages in most areas. There were 375 survey forms distributed for Kings Medical Centre and 115 forms were returned, a response rate of 31%. This equates to 2.2% of the practice population.

- 70% find it easy to get through to this surgery by phone compared with a CCG average of 77% and a national average of 73%.
- 86% find the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 78% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 93% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 74% describe their experience of making an appointment as good compared with a CCG average of 76% and a national average of 73%.

- 87% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 72% and a national average of 65%.

Feedback on the comments cards and from patients we spoke with reflected the results of the national survey.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were positive about the standard of care received. Patients said staff were polite and helpful and always treated them with dignity and respect. Patients described the service as good or very good and said the staff were friendly and caring.

We spoke with 10 patients during the inspection and they also confirmed that they had received good care and attention and they felt that the staff treated them with dignity and respect.

We looked at the results of the March 2015 practice survey and 'Family and Friends' survey results for Dec 2014 to March 2015. They were also positive about the services delivered.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure there is an audit trail of blank prescriptions forms.
- Ensure all staff are up to date with mandatory training.
- Ensure the practice's vision is documented in a written strategy and outlines their plans for the future.

# Kings Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Inspector and included a GP Specialist Advisor and a Practice Manager Specialist Advisor.

## Background to Kings Medical Centre

Kings Medical Centre is situated in North Ormesby in Middlesbrough and provides services under a General Medical Services (GMS) contract with NHS England, Durham, Darlington And Tees Area Team to the practice population of 5294, covering patients of all ages.

The proportion of the practice population in the 65 years and over age group is the same as the England average. The practice population in the under 18 age group is slightly higher than the England average. The practice scored one on the deprivation measurement scale, which is the lowest decile. People living in more deprived areas tend to have greater need for health services. The overall practice deprivation score is higher than the England average, the practice is 46.1 and the England average is 23.6.

The practice has three GP partners, two male and one female. There is a practice manager, two practice nurses and two health care assistants. The practice has a team of secretarial, administration and reception staff.

The practice is open between 8.00am to 6.00pm Monday to Friday. Appointments are from 8.30am to 5.30pm daily. Extended hours surgeries are offered on a Saturday morning from 8.30am to 11.30am. The practice, along with

all other practices in the South Tees CCG area have a contractual agreement for Northern Doctors Urgent Care (NDUC) to provide OOHs services from 6.00pm. This has been agreed with the NHS England area team.

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patients use the 111 service to contact the OOHs provider. The Out of Hours service is provided by NDUC. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out an announced inspection 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

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?

# Detailed findings

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on 8 September 2015. During our visit we:

- Spoke with a range of staff including two GPs, two practice nurses and the practice manager. We also spoke with a receptionist, the secretary, one administrator and the prescribing clerk.
- Spoke with ten patients who used the service and talked with carers and/or family members.
- Reviewed 21 comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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 also 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, an INR blood test for patients taking warfarin (a medicine that thins the blood) was ordered but the staff member did not enter the correct details for the patient when making the request. Three pieces of identification were not checked when entering the data. The procedure was reviewed and amended so that one member of staff was now responsible for requesting these blood tests and there was a deputy to cover when they were away. The incident was discussed at staff meetings and all staff reminded of the procedure to be followed.

People affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures 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 staff told us they had received training relevant to their role. GPs were trained to Safeguarding Level three.

- Information telling patients that they could ask for a chaperone was visible in the consulting rooms. Nursing staff acted as chaperones and understood their responsibilities, including where to stand to be able to observe the examination. Nursing staff had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Infection control monitoring was undertaken and we saw evidence that action was taken to address any improvements identified as a result. An annual infection control audit had not been carried out.
- The arrangements for managing medicines in the practice, including emergency drugs and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored however there was no system in place which would identify if blank prescriptions were missing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment for four staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw that one file did not have reference checks in it.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a

## Are services safe?

health and safety policy available with a poster in the reception office. The practice had a fire risk assessment and a fire warden in place. Fire drills had not been carried out but staff we spoke with were able to describe the action they would take in the event of a fire. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure that enough staff were on duty. Staff we spoke with told us they provided cover for sickness and holidays and locums were engaged when required.

### **Arrangements to deal with 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 basic life support training although some staff were not up to date.
- The practice had a defibrillator available on the premises and oxygen, with adult and children's masks. There was also a first aid kit and accident book 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 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 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results from 2014/2015 showed the practice achieved 97.5% of the total number of points available. Practices can exclude patients which is known as 'exception reporting', lower exception reporting rates are more positive. The practice exception reporting rate was 6.6% which was below the local CCG and national average. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 93% which was 3.8% above the local CCG and 3.8% above the national average.
- Performance for mental health related indicators was 96.2% which was 4.1% above the CCG and 3.4% above the national average.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months was 80.5%. This was 5.5% above the local CCG and 0.6% above the national average.

- The percentage of patients with asthma who have had an asthma review in the preceding 12 months that included an assessment of asthma control, was 84.1%. This was 18.3% above the local CCG and 14.4% above the national average.

Clinical audits demonstrated quality improvement.

- There had been ten clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable 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 of an audit of patients with chronic kidney disease (CKD) included increased awareness of GPs of NICE guidance for the care these patients and their records were updated to ensure they were coded properly.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during meetings, one-to-one meetings, appraisals, coaching and mentoring, peer support supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

# Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Not all staff were up to date with mandatory training. 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 test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when people were referred to other services.

Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent had not been monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

## Health promotion and prevention

Patients who may be in need of extra support were identified by the practice.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems. Patients were then signposted to the relevant service.
- A counselling service was available in the practice for patients with addiction problems and smoking cessation advice was available from a local support group.

The practice had a comprehensive screening programme. QOF data from 2014/2015 showed the practice's uptake for the cervical screening programme was 79.2%, which was 3.7% above the local CCG and 2.5% above the national average. There was also a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from 2014/2015 showed childhood immunisation rates for the vaccinations given were relatively high and were above or comparable to the CCG and national averages for children aged 12 months, two and five years. For example, rates for 17 of the 18 immunisations were above 93%. Flu vaccination rates for at risk groups were above the local CCG and national average for chronic obstructive pulmonary disease, heart disease and diabetes.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. QOF data from 2014/2015 showed the percentage of patients aged 45 or over who had a record of blood pressure in the preceding five years was 91.1%, this was 0.1% above the local CCG and 0.9% above the national average. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients and they were treated 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 and that 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 21 patient CQC 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 also spoke with 10 patients including three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in June 2015 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was similar to the CCG and national average for consultations with GPs and slightly below for nurses. For example:

- 88% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 85% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.

- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 86% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 88% said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 99% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.
- 86% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 responded positively to questions about their involvement in planning and making decisions about their care and treatment. The results were similar to local CCG and national averages, for example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.
- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

## Are services caring?

- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language and google translate was available on the practice website. There was no notice in the reception area informing patients the translation service was available.

### **Patient and carer support to cope emotionally with care and treatment**

There was information available in the waiting room for patients about how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. The practice did 'social prescribing' and signposted carers to a local centre for support. Patients with dementia were also signposted there for coffee afternoons.

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 worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice worked with the CCG and the community matron to identify their patients who were at high risk of attending accident and emergency or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admissions or A/E attendances.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- The practice offered Saturday morning appointments for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Appointments could be made on line, via the telephone and in person.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available. There was a hearing loop available for patients who had hearing difficulties.

### Access to the service

The practice was open between 8.00am to 6.00pm Monday to Friday. Appointments were from 8.30am to 5.30pm daily. Extended hours surgeries were offered on a Saturday morning from 8.30am to 11.30am. The practice, along with all other practices in the South Tees CCG area had a contractual agreement for Northern Doctors Urgent Care (NDUC) to provide OOHs services from 6.00pm. This had been agreed with the NHS England area team.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments

were also available for people that needed them. If patients needed to be seen urgently they would be fitted in that day and staff explained they may have a wait until the GP saw them.

Results from the national GP patient survey published in June 2015 showed that patient's satisfaction with how they could access care and treatment was in line with the local CCG and national averages. This reflected the feedback we received on the day. For example:

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 70% patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and national average of 73%.
- 74% patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system. Information was on the practice website, in the patient information and complaints leaflets.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. We saw that patients were involved in the complaint investigation and the practice was open when dealing with the complaint.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint about the attitude of a member of staff on the telephone training was arranged to remind all staff of how they should communicate with patients.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients although this was not displayed on the website or in the practice for patients and staff to see. Staff we spoke with knew and understood the vision. The practice did not have a written strategy or supporting business plan which outlined how they would deliver their vision.

### Governance arrangements

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

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

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that 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 partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unintended or unexpected safety incidents:

- The practice gives affected people reasonable support, truthful information and a verbal and written apology.
- They kept records of written correspondence but not all verbal communication.

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

- Staff told us that regular team meetings were held.
- Staff told us that 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, by the GPs and practice manager. All staff were involved in discussions about how to run and develop the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the feedback from the survey said there was nothing in the waiting room to occupy children whilst they were waiting to be seen. Toys and books were now available for children to use.
- The practice had also gathered feedback from staff, 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.