

# Drs. Gittens, Longwill, Sinha & Vijayakumar

## Quality Report

Kingsway Medical Centre  
Billingham  
Cleveland  
TS23 2LS

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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?

Outstanding 

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 Kingsway Medical Centre on 10 March 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.
- 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.

This means providers must be open and transparent with service users about their care and treatment, including when it goes wrong.

We saw three areas of outstanding practice:

- The practice provides an osteopathic service in the practice two days a week. This service offers patients personalised holistic treatments and fast access to care reducing the referrals to acute services. They provide a range of intervention for patients relieving symptoms and enable patients to return to work more quickly. The aim of the service was to improve timely access to care, reduce medicine costs, referrals to secondary care and GP consultation time. The service was commonly used for, lower back, neck and shoulder pain, arthritis, pelvis, sports injuries and postural problems caused by driving

# Summary of findings

and pregnancy. In a 48 week period (288 hours) of clinical treatment time 214 patients received treatment. Of these patients 78% made a complete or significant improvement and for 11% there was no change and the patient was referred back to the GP. A questionnaire given to patients attending the service showed a 100% satisfaction rate with the service.

- The practice held a weekly children's clinic led by a GP with an interest in Paediatrics. They also held monthly multidisciplinary child health monitoring meetings to discuss the management of children with health concerns. Attendance at A& E for children

registered at Kingsway Medical centre is at 52 which are below the CCG average of 55. There were four children, under the age of 18 on the Unplanned Admission Register.

- The practice had also employed a further salaried GP to ensure they were able to offer patients identified as high risk of admission a good access to care without this impacting on other services provided by the practice. We saw that the practice was below the CCG average for unplanned admissions and attendance at A&E.

**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.
- 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.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the 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.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



# Summary of findings

- Information for patients about the services available was easy to understand and accessible. The practice had also developed and trained a member of staff to become a carer's champion.
- 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 outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Examples of these were medicines management, improving dementia assessment, developing access to online GP services and improving the care of patients with learning disabilities.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had employed a further salaried GP to ensure they were able to offer patients identified as high risk of admission a good access to care without this impacting on other services provided by the practice. 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.
- There are innovative approaches to providing integrated patient-centred care. The practice provides a professional osteopathic service in the practice two days a week. They offer patients personalised holistic treatments and fast access to care reducing the referrals to acute service

Outstanding



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.

Good



# Summary of findings

- 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 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provides weekly visits to care homes and all care home patients have a care plan.
- All patients over 75 are offered a review consultation with the GP.

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.
- The practice offered longer appointments, quarterly face to face reviews and same day appointments for those identified as at risk of unplanned admissions.
- The proportion of patients on the diabetes register with a record of foot examinations in the preceding 12 months was 96% which is above the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a weight management support group highlighting the issues of obesity and promoting health lifestyles.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The proportion of women aged 24 -64 who had been cervical screening performed was 80% which was comparable with the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held a weekly children's clinic led by a GP with an interest in Paediatrics. They were able to provide support and treatment of children in the practice such as stabilising children with asthma.
- The practice held monthly multidisciplinary child health monitoring meetings to discuss the management of children with health concerns.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered early morning telephone calls from 8am until 8.30am for patients who were working and wanted to speak with the GP. They provided extended hours appointments on a Monday every two weeks and a Saturday morning clinic once a month to meet the needs of working people. 89% of patients were satisfied with the practices opening times compared with the CCG average of 77% and the national average of 75%.

Good





# Summary of findings

## 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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. The practice had provided extra training and mentorship for the health care assistant undertaking the assessments with the GP.
- The practice had employed a further salaried GP to ensure they were able to offer patients identified as high risk of admission a good access to care without this impacting on other services provided by the practice. They provided longer appointments, access to quarterly face to face reviews same day appointments and follow up of patients admitted within three days of an unplanned admission.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

Good



## 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 regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice hosted a range of services in the practice such as Improving Access to Psychological Therapies (IAPT) and counsellors.
- The practice offered shared care of patients with partner organisations such as drug and alcohol dependency.

Good



# Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on January 2016. The results showed the practice was performing in line with local and national averages. 325 survey forms were distributed and 126 were returned. This represented over 1% of the practice's patient list.

- 88% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85 %).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 85%, national average 85%).
- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78 %).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Patients told us all the staff were professional, caring, the practice was clean and they always felt supported and listened to by the staff.

We spoke with 10 patients during the inspection and two members of the weight management group. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. However some patients commented that they sometimes had a long wait in the waiting room for their appointment. They also commented that the delay was not communicated to patients or an explanation.

# Drs. Gittens, Longwill, Sinha & Vijayakumar

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to Drs. Gittens, Longwill, Sinha & Vijayakumar

Kingsway Medical Centre is in Billingham Town centre and has a mixed client group. There are 8735 patients on the practice list. The practice provide an outreach clinic one day per week at Port Clarence, this is a deprived community with no public transport. There are 502 patients from Port Clarence registered with the practice. The practice scored five on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services. The practice described the patients living in the Port Clarence area as being significantly more deprived. There are a higher proportion of patients between 45 and the age of 65 on the patient list compared to the practice average across England.

There are four GP partners, two female, and two male and a salaried GP (female). Three practice nurses and two health care assistants (all female), one of the nurses was a

nurse prescriber all are female. There is a practice manager who is supported by department leads and a range of reception, medicines management, secretarial and other administration staff.

The practice is training and a teaching practice (Teaching practices take medical students and training practices have GP trainees and F2 doctors). There was one GP registrar placed in the practice at the time of the inspection.

The practice is open from 8.30am to 6pm, Monday to Friday. The practice provides some extended hours on alternate Monday evening from 6.30 until 9.30 and Saturday mornings monthly from 8.30am until 1.30pm. We saw that appointments can be booked by walking into the practice, by the telephone and on line. We saw that the practice had produced specific leaflets for patients to explain this process. The practice did not use a telephone triage system. However telephone slots where patients requested a call back from the GP or nurse were booked at the end of each surgery. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by Northern Doctors via the NHS 111 service. The practice has a General Medical Service (GMS) contract. The practice is close to the town centre and there is parking available at the practice and nearby. There are good transport links near and good access to public transport.

### Why we carried out this inspection

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

# Detailed findings

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 10 March 2016.

During our visit we:

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

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The 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, improving communication, information check lists and the registering of new birth following birth notifications to reduce errors.

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. Safeguarding concerns were discussed as they arose at the daily meeting. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. There was a safeguarding leaflet available for patients in the waiting area that had been reviewed by a member of the patient participation group (PPG) to ensure it met the needs of patients.

- 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. On the whole we observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw that treatment room had been updated to meet infection control requirements. However we saw that during recent redecorating of the practice clinical room's wall paper boarder had been re-added and there were not elbow control taps in all of the clinical areas.
- 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw that were the practice had been identified as requiring to make some improvements they had worked with the pharmacist to improve and address this. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

## Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- There were failsafe 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.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available 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 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 used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.8% of the total number of points available, with 10.6% exception reporting which is 0.6% percentage points below CCG Average and 1.4% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 96% which is 1.5% below CCG Average, and 7.4% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 86% which was better than the national average 83% and above the CCG average of 84%.
- Performance for mental health was a 99.7% for all related indicators was 4.8% above the CCG average and 6.9% above the national average.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included refurbishment of the treatment room and prescribing prophylactic antibiotics following certain surgical procedures

Information about patients' outcomes was used to make improvements such as a new telephone system with more lines has been installed into the practice making it easier for the patients to contact the practice.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. 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 updating 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.



# Are services effective?

## (for example, treatment is effective)

- 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. 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 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.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their smoking and alcohol cessation and weight management. Patients were then signposted to the relevant service.
- A counsellor and Improving Access to Psychological Therapies (IAPT) services were available in the practice several times a week. The Improving Access to Psychological Therapies (IAPT) programme supports the implementing of the National Institute for Health and Clinical Excellence (NICE [www.nice.org.uk](http://www.nice.org.uk)) guidelines for people suffering from depression and anxiety disorders in England. It was created to offer patients a realistic and routine first-line treatment, combined where appropriate with medication, which traditionally had been the only treatment available.

The practice's uptake for the cervical screening programme was 80% which was comparable to the national average of 81%. 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 for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 98% and five year olds from 89% to 97.5%.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However there was no privacy curtain in the room used by the HCA.
- 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 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The PPG is a large virtual group and actively involved in all developments within the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 87%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)

- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 96%, national average 95%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 91% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

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

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 91% 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%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%)
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%)

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. We saw a display aimed at raising awareness and identifying young carers.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.8% of the practice list as carers, although work was on-going in order to be more effective in identifying patients who were carers. Written information was available to direct carers to the various avenues of support available to them. One of the staff had become a carer's advocate a role to support and assist carers in the practice. The practice were promoting awareness of young carers to identify and support the group.

In the event of a death the usual GP would contact the bereaved family. 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 its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice provides an osteopathic service in the practice two days a week. This service offers patients personalised holistic treatments and fast access to care reducing the referrals to acute services. They provide a range of intervention for patients relieving symptoms and enable patients to return to work more quickly. The aim of the service was to improve timely access to care, reduce medicine costs, referrals to secondary care and GP consultation time. The service was commonly used for, lower back, neck and shoulder pain, arthritis, pelvis, sports injuries and postural problems caused by driving and pregnancy. In a 48 week period (288 hours) of clinical treatment time 214 patients received treatment. Of these patients 78% made a complete or significant improvement, and for 11% there was no change and the patient was referred back to the GP. A questionnaire given to patients attending the service showed a 100% satisfaction rate with the service.
- The practice held a weekly children's clinic led by a GP with an interest in Paediatrics. They also held monthly multidisciplinary child health monitoring meetings to discuss the management of children with health concerns. Attendance at A&E for children at Kingsway Medical centre is at 52 which were below the CCG average of 55. There were four children, under the age of 18 on the Unplanned Admissions Register.
- The practice had also employed a further salaried GP to ensure they were able to offer patients identified as high risk of admission a good access to care without this impacting on other services provided by the practice. We saw that the practice was below the CCG average for unplanned admissions and attendance at A&E.
- The practice had provided training for the health care assistant HCA in caring and communicating with patients with Learning Disabilities. The GP also provided the HCA the opportunity to shadow them during reviews of this patient group. This enabled the HCA to effectively support the GP and patient during the process.

- The practice offered early morning telephone appointments with the GP if requested.
- Extended hours appointments alternate Mondays until 9.30pm and monthly Saturday morning clinics for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. The HCA had undergone further training and observation of the GP to ensure they could assist the GP in undertaking learning disability reviews.
- 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/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provides an osteopathic service in the practice two days a week. They offer patients personalised holistic treatments and fast access to care reducing the referrals to acute service. They provide a range of intervention for patients relieving symptoms and enable patients to return to work more quickly.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 5.40pm daily; the practice did not close for lunch. Extended surgery hours were offered at the following times on alternate Monday's from 6.30pm to 9.30pm and once a month on a Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.



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

- 88% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 66% patients said they always or almost always see or speak to the GP they prefer (CCG average 60%, national average 59%).

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

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and staff were aware of their role in assisting patients.

We looked at ten complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, ensuring patient records were updated when appointments were to be made with specific member of staff for a procedure.

# 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.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit 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 partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners 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 partners 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 people 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 partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which regularly communicated online or via the telephone, they carried out patient surveys and submitted proposals for improvements to the practice management team. For example, reviewing and updating patient leaflets.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

# Are services well-led?

Good 

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

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.