

Forum Family Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Forum Family Practice on 23 February 2016. Overall, the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Lessons were learned when incidents and near misses occurred.
- 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.
- Staff were highly motivated and inspired to offer care that was kind and promoted peoples dignity. Patient's individual preferences and needs were always reflected in how care was delivered.

- Information about services and how to complain was available and easy to understand.
- Patients said they were able to get an appointment with a GP when they needed one.
- Extended hours appointments with a GP were available each Saturday morning from 8:30am to 11:30am.
- Urgent appointments were available on the day they were requested.
- The uptake of the online services provided by the practice was high, one third of patients were registered to access the online services.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of Candour.

We saw one area of outstanding practice:

- Feedback from people who use the service and those close to them was continually positive about the way

Summary of findings

staff treat people. Patients rated the practice higher than others for almost all aspects of care according to the latest National GP Patient Survey results. For example, 97% of respondents said they would recommend this surgery to someone new to the area (CCG average 81%, national average 78%). In addition, 95% of respondents said the last GP they saw or spoke

to was good at involving them in decisions about their care (CCG average 86%, national average 82%). The practice had identified 262 of their patients as being a carer (4.3% of the practice patient population).

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 and prevent the same thing happening again. For example, following a significant event the practice had updated their process for issuing controlled drugs.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, there was an effective safety alert system, safeguarding leads were in place and appropriate recruitment checks had been undertaken prior to employing staff.
- Risks to patients were assessed and well managed. However, when we inspected the practice, they did not have full medical indemnity cover for their practice nurses. We discussed this with the practice and they reviewed their medical indemnity arrangements and sought this cover for their nursing staff promptly.

Good



Are services effective?

The practice is rated as good for providing effective services.

- We found that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed patient outcomes were at or above average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring their effectiveness; they had achieved 98% of the points available in 2014/15. This was 0.2% above the local average and 3.1% above the national average. For 14 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.

Good



Summary of findings

- Clinical audits demonstrated quality improvement. Audit was clearly linked to guidelines and best practice.
- 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.

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data showed that patients rated the practice higher than others for almost all aspects of care. For example, results from the National GP Patient Survey showed that 98% of respondents had confidence and trust in their GP, compared to 95% nationally. 99% of respondents said that they GP had confidence or trust in the last nurse they saw or spoke to, compared to the national average of 97%.
- Feedback from patients about their care and treatment was consistently and strongly positive. We saw a strong patient-centred culture.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We observed a strong patient-centred culture. We also saw that staff treated patients with kindness and respect.
- Information for patients about the services offered by the practice was available. For example, they provided this information on the practices' website, patient leaflet and in the waiting areas. The practice had identified 262 of their patients as being a carer (4.3% of the practice patient population).

Outstanding



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice provided a minor injuries services.
- 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.

Good



Summary of findings

- Patients could access appointments and services in a way and at a time that suited them. Data from the National GP Patient Survey published in January 2016 showed that patients rated the practice highly for accessibility. For example, 99% said the last appointment they got was convenient (CCG average of 93%, national average of 92%) and 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 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 the practice responded quickly when issues were raised.
- The practice promoted the use of online services for ordering repeat prescriptions. Over 2000 patients were registered for this service; this is over 30% of the practice population. Patients were able to use the online service to book an appointment with a GP.

Are services well-led?

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

- The practice had a clear vision with quality and safety as their top priority. 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.
- 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.
- 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 practice had a business plan, which was regularly reviewed.

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 their population.
- All patients over the age of 75 had a named GP and patients over the age of 75 were offered an annual health check.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were good. For example, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was 1.1% above the local clinical commissioning group (CCG) average and 2.1% above the national average.
- The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people.

Good



People with long term conditions

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

- Patients at risk of hospital admission were identified as a priority for care and support by the practice, comprehensive care plans were in place and regularly reviewed.
- Nationally reported data showed the practice had achieved good outcomes in relation to most of the conditions commonly associated with this population group. For example, the practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with hypertension. This was 0.3% above the local CCG average and 2.2% above the national average. The practice had achieved 89% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was 6.5% below the local CCG average and 0.7% below the national average. The practice had undertaken work to improve their performance for diabetes related indicators. While performance for the diabetes related indicators was below average this was an improvement on the results for 2013/2014 when the practice had achieved 84% (CCG average of 95%, national average of 90%).

Good



Summary of findings

- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and were offered 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.

Families, children and young people

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

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were arrangements for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% (CCG average 95% to 98%) and for five year olds ranged from 93% to 100% (CCG average 95% to 99%).
- Urgent appointments for children were available on the same day.
- 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.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.
- Nationally reported data showed that outcomes for patients with asthma were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 0.7% above the local CCG average and 2.6% above the national average.
- The practice provided a full range of contraceptive services

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The 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.
- Extended hours appointments with a GP were available each Saturday morning from 8:30am to 11:30am
- Patients could order repeat prescriptions and book GP appointments online. Over one third of patients were registered for these services.
- Telephone appointments were available each weekday.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- The practice's uptake for cervical screening was 86%, which was 2.1% above the local CCG average and 3.8% above and national average.
- Additional services such as new patient health checks, travel vaccinations and minor surgery were provided.
- The practice website provided a wide range of health promotion advice and information.

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. Patients with learning disabilities were invited to attend the practice for an annual health check.
- Nationally reported data showed that outcomes for patients with a learning disability were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with a learning disability. This was the same as the local CCG average and 0.2% above the national average.
- The practice offered longer appointments for patients with a learning disability if required.
- The practice regularly worked with multi-disciplinary teams (MDT) 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



Summary of findings

- Good arrangements were in place to support patients who were carers.

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 held a register for patients experiencing poor mental health.
- Nationally reported data showed that outcomes for patients with mental health conditions were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 3.5% above the local CCG average and 7.2% above the national average.
- Nationally reported data showed that outcomes for patients with dementia were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was 0.9% above the local CCG average and 5.5% above the national average. 91% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which is above the national average of 84%.
- 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 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.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results, published in January 2016, showed the practice was performing above local and national averages. There were 246 forms sent out and 120 were returned. This is a response rate of 49% and represented 2% of the practice's patient list.

- 99% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 83% found it easy to get through to this surgery by phone (CCG average of 78%, national average of 73%).
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 98% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 97% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

- 94% found the receptionists at this surgery helpful (CCG average 89%, national average 87%).

Patients were very complimentary about the practice, the staff who worked there and the quality of service and care provided. We reviewed 37 CQC comment cards all of which were very positive about the standard of care received; several described the care as excellent. They also described the practice staff as caring and helpful and said staff listened to them and treated them with respect.

We spoke with nine patients during or shortly after the inspection; including members of the patient participation group. All the patients said they were happy with the care they received. Feedback from patients was consistent and positive about the care they received from the practice.

Outstanding practice

We saw one area of outstanding practice:

- Feedback from people who use the service and those close to them was continually positive about the way staff treat people. Patients rated the practice higher than others for almost all aspects of care according to the latest National GP Patient Survey results. For example, 97% of respondents said they would

recommend this surgery to someone new to the area (CCG average 81%, national average 78%). In addition, 95% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care (CCG average 86%, national average 82%). The practice had identified 262 of their patients as being a carer (4.3% of the practice patient population).

Forum Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP specialist advisor and a second CQC Inspector.

Background to Forum Family Practice

Forum Family Practice is registered with the Care Quality Commission to provide primary care services.

The practice provides services to around 6,000 patients from one location:

- The Health Centre, Forum Way, Cramlington, Northumberland, NE23 6QN.

We visited this this address as part of the inspection.

Forum Family Practice is based in purpose built premises that are shared with external services and another GP practice. The building is on one level. There is on-site parking, disabled parking, a disabled WC and access is step-free. There is sufficient room for wheelchairs to move easily around the surgery.

The practice has six GP partners (one male, five female). The practice employs a practice manager, two practice nurses, a medicines manager, two healthcare assistants and two members of staff who work as healthcare assistants and receptionists. The practice also employs 10 staff that undertakes reception or administrative duties. The practice provides services based on a Personal Medical Services (PMS) contract agreement for general practice.

Forum Family Practice is open at the following times:

- Monday to Friday 8:30am to 6:30pm.
- Saturday 8:30am to 11:30am.

The telephones are answered by the practice during these times.

Appointments are available at Forum Family Practice at the following times:

- Monday 8:30am to 12:30pm and 1:30pm to 6pm
- Tuesday 8:30am to 12:30pm and 1pm to 6:06pm
- Wednesday 8:30am to 12:30pm and 1:30pm to 6pm
- Thursday 8:30am to 12:30pm and 1pm to 6:06pm
- Friday 8:30am to 12:30pm and 1pm to 6pm

Pre-bookable extended hours appointments with a GP are available each Saturday morning from 8:30am to 11:30am.

The practice is part of NHS Northumberland clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in band six for deprivation where one is the highest deprived area and ten in the least deprived. In general, people living in more deprived areas tend to have greater need for health services. Average male life expectancy at the practice is 79 years which is the same as the national average. Average female life expectancy at the practice is 82 years, compared to the national average of 83 years.

The proportion of patients with a long-standing health condition is above average (67% compared to the CCG average of 59% and the national average of 54%). The proportion of patients who are in paid work or full-time employment is below average (51% compared to the CCG average of 56% and the national average of 62%). The proportion of patients who unemployed is above average (9% compared to the CCG average of 5% and national average of 5%).

Detailed findings

The NHS 111 service and Northern Doctors Urgent Care Limited provide the service for patients requiring urgent medical care out of hours. Information about these services is available on the practice's telephone message, website and the practice leaflet.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered 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 23 February 2016.

During our visit we:

- Reviewed information available to us from other organisations, such as NHS England.
- Reviewed information from the CQC intelligent monitoring systems.
- Spoke to staff and patients. This included two GPs, the practice manager, the medicines manager, a nurse, a healthcare assistant and two members of the reception team. We also spoke with nine patients.

- Reviewed 37 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at documents and information about how the practice was managed and operated.
- Reviewed patient survey information, including the National GP Patient Survey of the practice.
- Reviewed a sample of the practice's policies and procedures.

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 for staff to use to document these. Lessons from significant events were shared with staff and we saw evidence that changes had been made to improve safety at the practice. For example, following a significant event the practice had updated their process for the issuing of controlled drugs.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. They had effective systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents the practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- The practice used the Safeguard Incident and Risk Management System (SIRMS). This system enabled staff to flag up any issues, via their surgery computer, to a central monitoring system so that the local CCG could identify any trends and areas for improvement.
- 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.

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 were lead members of staff for adult and child safeguarding. The GPs attended safeguarding meetings when possible and provided

reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in children's safeguarding.

- When we inspected the practice, they did not have full medical indemnity cover for their practice nurses. We discussed this with the practice and they reviewed their medical indemnity arrangements and sourced this cover for their nursing staff promptly.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role but not all had received a Disclosure and Barring Service (DBS) check. The practice had applied for these DBS checks when we inspected the practice. (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 saw the premises were clean and tidy. The practice manager was the infection control clinical lead. They worked with the clinical staff 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. Infection control audits were undertaken every two months and we saw evidence that action had been taken to address any improvements identified as a result. For example, furniture and equipment was renewed.
- 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. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed four 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 DBS checks.

- The practice had a system 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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it 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 appropriate 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.
- The practice had a defibrillator available in the building and oxygen with adult and children's masks available in a treatment room. A first aid kit and accident book was available.
- The practice had an emergency box containing medicines and equipment required for use in an emergency and all staff knew of their location. All of the medicines we checked were in date and fit for use. Their emergency procedure contained details of where the contents of the emergency box and where other supplies were kept.
- The practice had a business continuity plan. Including details of actions to be taken in the event of possible disruptions to service, for example, loss of power, would improve this plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 showed the practice had achieved 98% of the total number of QOF points available which was in line with the local clinical commissioning group (CCG) average of 98% and the national average of 95%. At 8%, their clinical exception reporting rate was 1.3% below the local CCG average and 1.2% below 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).

Data from 2014/2015 showed;

- Performance for the mental health related indicators was above average (100% compared to the CCG average of 97% and the national average of 93%). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months, was 93%, compared to the national average of 88%.
- Performance for the dementia related indicators was above average (100% compared to the CCG average of 99% and the national average of 95%). For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 91%, compared to the national average of 84%.

- The practice also performed well in other areas. For example, the practice had achieved 100% of the points available for 14 of the 19 clinical domains, including the asthma, cancer, heart failure and depression domains.

The practice had undertaken work to improve their performance for diabetes related indicators. For example, in February 2015 individual care plans had been introduced for patients with diabetes. The results review process had also been changed and now ensured a GP provided clinical guidance on any actions to be taken by the nursing staff. Performance for the diabetes related indicators was below average (89% compared to the CCG average of 95% and the national average of 89%). However, this was an improvement on the results for 2013/2014 when the practice had achieved 84% (CCG average of 95%, national average of 90%).

Clinical audits demonstrated quality improvement. We saw evidence that the practice used clinical audits effectively and that they were linked to improving patient outcomes.

- Four two-cycle clinical audits had been completed in the last 12 months where improvements had been implemented and monitored. For example, following a gynaecology audit the practice had introduced an alert system that ensured patients that required an annual review were contacted by the practice. The practice had also completed the first cycle of two clinical audits; plans were in place to undertake the second cycle of these audits.
- The practice discussed the results of audits at the regular clinical meetings which ensured that all staff were aware of any changes to practice that were required.
- The practice also worked with their local clinical commissioning group to ensure they prescribed effectively. For example, the practice, and individual GPs, had worked to reduce the number of prescriptions issued for antibiotics, this work was ongoing.
- The practice was committed to using audit to support continuous improvements in patient care.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which 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 having access to on line resources and discussion at practice meetings.
- Staff received training which included: safeguarding, fire procedures and basic life support. Staff had access to and made use of e-learning training modules, in-house training and external training. Staff had not undertaken information governance training. However, all staff were required to review information governance issues twice a year, and the practice manager tested all members of staff on their knowledge.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw that staff training needs were monitored and staff informed when they needed to undertake training. 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. The practice held a clinical education afternoon twice a year for all clinical staff.
- Staff worked together 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, when they were referred or, after they were discharged from hospital. We saw evidence that multi-disciplinary team (MDT) meetings took place regularly. The practice also held quarterly palliative care and monthly vulnerable patient meetings. All the partners worked part-time, the practice ensured continuity of care by the use of a GP 'buddy' system for palliative patients. If appropriate patients requiring palliative care were given the personal contact details of their GP.
- As part of a local initiative, patients most at risk of admission into hospital were identified by the practice, care plans were created and a monthly multi-disciplinary team meeting coordinated their management to support effective care and reduce the rate of readmission to hospital.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- This 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 diet, smoking and alcohol cessation.
- Information such as NHS patient information leaflets was also available.

The practice's uptake for the cervical screening programme was 86%, which was above the local CCG average of 84%

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 and intranet systems.

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

Are services effective? (for example, treatment is effective)

and the national average of 82%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. The practice had participated in a 'pink letter' pilot scheme with a national cancer support organisation to encourage more women to attend cervical screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two years old ranged from 97% to 100% (CCG average 95% to 98%). For five year olds rates ranged from 93% to 100%

(CCG average 95% to 99%). The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice. For example, the practice participated in a local CCG initiative to encourage the uptake of bowel screening. The practice monitored when patients who did not attend for immunisation appointments for childhood vaccinations and informed the practice safeguarding lead when appropriate.

Patients had access to appropriate health assessments and checks. 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 saw that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Feedback from patients and carers we spoke to was all positive about the way that staff treated people.
- Staff recognised and respected the totality of people's needs. They always took into account people's personal, cultural, social and religious needs.
- From discussion with the clinical staff, we heard of good examples of patient focused care and staff were able to describe examples of good quality care. For example, the practice responded to the needs of patients who lived in supported accommodation by providing access to home visits when they were unable to make an appointment at the practice.

All of the 37 Care Quality Commission comment cards we received were positive about the service experienced. We spoke with nine patients during or shortly after the inspection. They said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients told us that all of the GPs had a consistent and caring approach. Patients also constantly told us that they felt listened to.

Feedback from people who use the service and those close to them was continually positive about the way staff treat people. Results from the National GP Patient Survey published, in January 2016, showed patients were very satisfied with how they were treated and that this was with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses were all higher, when compared to the local and national averages. For example:

- 98% said the GP they saw or spoke to was good at listening to them (clinical commissioning group (CCG) average 91%, national average 89%).
- 95% said the GP they saw or spoke to gave them enough time (CCG average 89%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%).
- 97% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 96% said the last nurse they saw or spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 90% said the last nurse they saw or spoke to was good involving them in decisions about their care (CCG average 88%, national average 85%).
- 97% said the last nurse they saw or spoke to was good at listening to them (CCG average 94%, national average 91%).

Data from the most recent Friends and Family Survey carried out by the practice in January 2016, showed that 100% of patients said they would be extremely likely or likely to recommend the service to family and friends. No patients said they would be unlikely to recommend the service. Responses for November and December 2015 were also positive and aligned with this.

Care planning and involvement in decisions about care and treatment

People who used the service were active partners in their care. Staff were fully committed to working in partnership with people. 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 comments cards we received was also very positive and aligned with these views. The practice statement of purpose included their aim to 'treat patients as individuals and with the same respect we would want for ourselves or a member of our families, listening and supporting people to express their needs and wants and enabling people to maintain the maximum possible level of independence, choice and control. Comments from patients agreed with this and supported the practices' achievement of this aim.



Are services caring?

Results from the National GP Patient Survey, published in January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local CCG and national averages.

For example:

- 98% said the last GP they saw was good at listening to them (CCG average 91%, national average 89%).
- 98% said they had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%).
- 97% said the last GP they saw was good at treating them with care and concern (CCG average of 89%, national average of 85%).
- 95% said the last GP they saw was good at involving them in decisions about their care (CCG average of 86%, national average of 82%).
- 99% had confidence and trust in the last nurse they saw or spoke to (CCG average 99%, national average 97%).
- 98% said the last nurse they saw was good at giving them enough time (CCG average 95%, national average 92%).
- 97% said the last nurse they saw was good at listening to them (CCG average 94%, national average 91%).
- 96% said the last nurse they saw was good at explaining tests and treatments (CCG average 93%, national average 90%).

- 90% said the last nurse they saw was good treating them with care and concern (CCG average 88%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. However, there was no hearing loop for patients with hearing difficulties.

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. For example, information was available for patients on support available for those with mental health conditions. The practice website also provided a range of health advice and information.

The practice's computer system alerted GPs if a patient was also a carer. Information was available to direct carers to the various avenues of support available to them. For example, local carers support organisations. The practice had identified 262 of their patients as being a carer (4.3% of the practice patient population).

Staff told us that if families experienced a bereavement they called the bereaved patient and offered a 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 if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice provided a minor injuries service. The practice was aware of the needs of their practice population and provided services that reflected their needs.

We also found that:

- When a patient had more than one condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- There were longer appointments available for patients with a learning disability, patients with long term conditions and those requiring the use of an interpreter.
- The practice held a weekly diabetic clinic; however, patients could book an appointment at a date and time of their choice.
- 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.
- Extended hours appointments with a GP were available each Saturday morning from 8:30am to 11:30am
- Patients were able to receive travel vaccinations that were available on the NHS.
- There were disabled facilities and translation services available.
- The practice had ensured patients who used a mobility scooter could access one of the clinical rooms.
- The practice promoted the use of online services for ordering repeat prescriptions. Over 2000 patients were registered for this service; this is over 30% of the practice population. Patients were able to use the online service to book an appointment with a GP.

Access to the service

Forum Family Practice was open at the following times:

- Monday to Friday 8:30am to 6:30pm.
- Saturday 8:30am to 11:30am.

Appointments were available at Forum Family Practice at the following times:

- Monday 8:30am to 12:30pm and 1:30pm to 6pm
- Tuesday 8:30am to 12:30pm and 1pm to 6:06pm
- Wednesday 8:30am to 12:30pm and 1:30pm to 6pm
- Thursday 8:30am to 12:30pm and 1pm to 6:06pm
- Friday 8:30am to 12:30pm and 1pm to 6pm

Pre-bookable extended hours appointments with a GP were available each Saturday morning from 8:30am to 11:30am.

The practice regularly reviewed access to services. They had participated in a CCG led audit of access at the practice. No significant changes to access were suggested.

Results from the National GP Patient Survey, published in January 2016 showed that patients' satisfaction with how they could access care and treatment was above local and national averages.

- 99% of patients said that the last appointment they got was convenient (CCG average 93%, national average 92%)
- 83% of patients were satisfied with the practice's opening hours (CCG average 77%, national average of 75%).
- 83% patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 83% patients said they usually get see or speak to the GP they prefer (CCG average 65%, national average 59%).
- 86% describe their experience of making an appointment as good (CCG average 76%, national average 73%).

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice: GPs provided clinical oversight when required. An overview of the complaints received by the practice was discussed with the patient participation group.
- We saw that information was available to help patients understand the complaints system. Information was on

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

display in the reception area and a complaints leaflet was available. Information on how to complain was also included in the practice leaflet that was easily available in the waiting area.

We looked at the four complaints received in the last 12 months and found that these were dealt with in a timely

way and with openness and transparency. 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 medication error it was agreed that patients should be encouraged to use the online prescription request service.

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 statement of purpose that included their vision, aims and objectives. The practice vision was "to work in partnership with our patients and staff to provide the best primary care services possible working within local and national governance, guidance and regulations. Their aims and objectives included 'to provide high quality, safe, consistent, fair professional primary health care general practice services to our patients including prompt attention to urgent medical problem' and 'to treat all our patients with dignity, respect and honesty". Staff we spoke to were patient focused and receptive to the needs of patients.
- The practice had a business plan that identified key risks and opportunities, for example, succession planning and the increased workload of the practice due to an increased list size.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of their strategy and good quality care. This outlined the structures and procedures staff had put in place to achieve this.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Each of the partners had lead areas, for example, learning disabilities, mental health and palliative care.
- Practice specific policies were implemented and these were easily accessible to staff. The practice manager had recently reviewed the policies and procedures in use at the practice.
- We saw evidence that the practice's Quality and Outcomes Framework (QOF) achievement and prescribing practice was regularly monitored.
- There was an embedded programme of continuous clinical and internal audit which was used to monitor quality and make improvements, that was clearly linked to patient outcomes.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners 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 they were approachable and always took the time to listen to all members of staff.

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

- Staff told us the practice held regular meetings. For example, the partners held a business meeting and a clinical meeting every two weeks. Staff felt empowered and supported by the practice. Positive and supportive working relationships were evident between staff within the practice during the inspection.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and were supported if they did. For example, the practice held a practice development meeting each year. All staff were invited to attend.
- Staff said they felt respected, valued and supported, particularly by the partners and the practice manager. 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:

- Their patient participation group (PPG), surveys and complaints received. The practice had a PPG group which met regularly and a virtual group that received information about the practice and provided feedback. The PPG was consulted on possible changes at the practice and asked to provide suggestions about future improvements. For example, the practice had extended the time period that patients could ring the practice to order repeat prescriptions. They had also acted on the recommendation of patients to improve access by installing an extra wide door to a consulting room to

Are services well-led?

Good 

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

ensure access for patients who used large wheelchairs or mobility scooters. The practice had undertaken a patient survey each year. We reviewed the patient comments from the latest survey, patients responded positively about the care they received at the practice. For example, patients commented on excellent service provided and that the staff were caring.

- 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.

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 was planning effectively for changes at the practice. For example:

- The practice promoted the use of online services for ordering repeat prescriptions. Over 2000 patients were registered for this service; this is over 30% of the practice population.