

Dr Nithyanandam Muthu Krishnan

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

On 23 March 2016 we carried out an announced comprehensive inspection at Dr Nithyanandam Muthu Krishnan's practice. The overall rating for the practice was requires improvement, having being judged as requires improvement for providing Safe, Effective and Well Led services. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Dr Nithyanandam Muthu Krishnan on our website at www.cqc.org.uk.

After the comprehensive inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

- Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.
- Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

This announced comprehensive inspection was carried out on the 2 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 23 March 2016. Overall the practice is now rated as good.

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Risks to patients were assessed and well managed.
- Data from the Quality and Outcomes Framework (QOF) from 2015/16 showed that the practice had achieved 91.5% of the total number of points available to them. This was below the local and national averages. The practice felt this was due to problems encountered in recruiting a practice nurse. They were in the process of auditing the data to ensure it was being recorded correctly.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

Summary of findings

- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion. Information was provided to patients to help them understand the care and treatment available.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had a system in place for handling complaints and concerns and responded quickly to any complaints.
- Patients said that access to appointments was good with appointments usually available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.
- The practice was aware of and complied with the requirements of the Duty of Candour regulation.

The area where the provider should make improvements is:

- Take steps to develop a succession plan to ensure the practice could continue to provide services to patients in the future if staffing arrangements changed.

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. The practice had taken action to address the areas which required improvement during our previous inspection in March 2016.

Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.

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, and verbal or written apologies.

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements.

The practice was clean and hygienic, and infection control arrangements were in place.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe.

Staff recruitment and induction policies were in operation and staff had received Disclosure and Barring Service (DBS) checks where appropriate. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training.

Good



Are services effective?

The practice is rated as good for providing effective services. The practice had taken action to address the areas which required improvement during our previous inspection in March 2016.

Patients' needs were assessed and care was planned and delivered in line with current legislation. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment, and had received training appropriate to their roles.

Data from the Quality and Outcomes Framework (QOF) from 2015/16 showed that the practice had achieved 91.5% of the total number of points available to them. This was below the local and national averages. The practice felt the reasons for this were they had

Good



Summary of findings

problems recruiting a practice nurse. They were in the process of auditing the data to ensure it was being recorded correctly. The practice was carrying out clinical audit to improve patient's outcomes.

Staff received annual appraisals. They were given the opportunity to undertake both mandatory and non-mandatory training.

Are services caring?

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Results from the National GP Patient Survey showed scores for GPs were lower in some instances when compared to local and national averages in relation to involvement in planning and making decisions about their care and treatment but were higher for nurses. For example; 84% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%. 97% said the last nurse they spoke to was good at listening to them compared to the CCG average of 93% and the national average of 91%.

Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice reviewed the needs of their local population and engaged with the clinical commissioning group (CCG) in an attempt to secure improvements to services where these were identified. The practice provided a range of services for patients. Patients said that access to appointments was good with appointments usually available on the same day. The practice offered extended opening hours.

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

Good



Are services well-led?

The practice is rated as good for being well-led. The practice had taken action to address the areas which required improvement during our previous inspection in March 2016.

The practice had a 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.

Good



Summary of findings

There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures in place to govern activity.

There was a 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 regulation. 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 lead GP, although of retirement age, had no plans to retire. There were no succession plans in place as such, however, the practice were now involved with three other GP practices in the locality who were looking at developing a clinical support team and new ways of working.

The practice sought feedback from staff and patients, which it acted on.

Summary of findings

The six population groups and what we found

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

Older people

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

The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans. There were patients in a care home which was linked to the practice.

The primary care navigators who worked with the practice provided support for elderly and vulnerable patients and provided sign posting to benefits advice, clubs or local activities or provided a listening ear for any patient concerns. Prescriptions could be sent to any local pharmacy electronically.

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 patients with long-term conditions.

There were longer appointments and home visits available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively. For those people with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Where appropriate patients with complex conditions were discussed amongst the clinicians at their regular multi-disciplinary team (MDT) meetings.

The practice nurse had recently received training in the year of care project. This encourages practices to provide personalised care to patients through shared goals and action plans to enable them to self-manage their condition. This approach was to be implemented at the practice.

Good



Families, children and young people

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

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Childhood immunisation rates were in line with clinical commissioning group (CCG) and national averages. For example, the practice had achieved above the 90% target for all four sub-indicators for childhood immunisation rates for children up to age two.

Good



Summary of findings

The midwife held a clinic every two weeks at the practice. Appointments were available outside of school hours and the premises were suitable for children and babies. The GP visited all new born babies and their families shortly after the birth. Staff told us that patients appreciated this and feedback from the local midwife had been positive.

The practice's uptake for the cervical screening programme was 73%, which was below the national average of 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Family planning services were available at the practice.

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 which included appointment booking and ordering repeat prescriptions. There was a full range of health promotion and screening that reflected the needs for this age group. Flexible appointments were available, including telephone consultations and extended opening hours.

Good



People whose circumstances may make them vulnerable

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

The practice regularly worked with multi-disciplinary (MDT) teams in the case management of vulnerable people. Primary care navigators helped to sign post vulnerable patients to 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. Where appropriate, patients with complex conditions were discussed amongst the clinicians at their regular MDT meetings.

The practice worked closely with the local drug and alcohol abuse services and they provided accommodation so they could provide a service in the practice.

Good



Summary of findings

The practice's computer system alerted GPs if a patient was a carer. There were 42 carers coded on the practice system which was 2.6% of the practice population. There was written information available in the practice waiting room for carers to help them understand the various avenues of support available to them.

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 maintained a register of patients experiencing poor mental health and recalled them for regular reviews. The lead GP has a clinical interest in this area. Patients would often be seen at the beginning of surgery so they were not waiting in a busy waiting area. A support group for patients experiencing mental health attended the practice weekly and provided a service to patients, patients external to the practice could also be seen.

Where appropriate patients with complex conditions were discussed amongst the clinicians at their regular MDT meetings.

Good



Summary of findings

What people who use the service say

We spoke with two patients on the day of our inspection; they were both members of the practice's patient participation group. They were both very positive about the service they received from the practice. They said that it was very easy to obtain an appointment.

We reviewed 74 CQC comment cards completed by patients prior to the inspection. The cards completed were positive. Common words used to describe the practice included, excellent, very good, and pleasant and many of the cards commented on how friendly and helpful the staff were. Patients also commented that they thought they were fortunate to be able to obtain an appointment when they needed one.

The latest GP Patient Survey published in July 2016 showed that scores from patients were variable when compared to local and national averages; however scores from patients for access to the service were higher than local and national averages. The percentage of patients who described their overall experience as good was 93%, which was above the local clinical commissioning group (CCG) average of 88% and the national average of 85%. Other results from those who responded were as follows;

- The proportion of patients who would recommend their GP surgery – 81% (local CCG average 82%, national average 79%).

- 84% said the GP was good at listening to them compared to the local CCG average of 91% and national average of 89%.
- 89% said the GP gave them enough time compared to the local CCG average of 89% and national average of 87%.
- 97% said the nurse was good at listening to them compared to the local CCG average of 93% and national average of 91%.
- 98% said the nurse gave them enough time compared to the local CCG average of 94% and national average of 92%.
- 100% said they found it easy to get through to this surgery by phone compared to the local CCG average 78%, national average 73%.
- 98% described their experience of making an appointment as good compared to the local CCG average 76%, national average 73%.
- 94% said they find the receptionists at this surgery helpful compared to the local CCG average 89%, national average 87%.

These results were based on 97 surveys that were returned from a total of 250 sent out; a response rate of 38.8% and 6% of the overall practice population.

Areas for improvement

Action the service SHOULD take to improve

- Take steps to develop a succession plan to ensure the practice could continue to provide services to patients in the future if staffing arrangements changed.

Dr Nithyanandam Muthu Krishnan

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 advisor.

Background to Dr Nithyanandam Muthu Krishnan

Dr Nithyanandam Muthu Krishnan provides primary care services to the central area of Gateshead from one location: 108 Rawling Road, Bensham, Gateshead, Tyne and Wear, NE8 4QR. We visited this address as part of the inspection.

The practice provides services to around 1,600 patients. The practice is a single handed GP practice with one male GP who provides ten sessions per week. The practice told us that a female GP was available at a neighbouring practice if patients requested to see one. There is one practice nurse whole time equivalent (WTE) 0.5, there is a practice manager WTE 0.86. There are three receptionists whose WTE is 2.2. One of the receptionists is also the trained healthcare assistant who provides this service when needed.

The practice is part of Newcastle Gateshead clinical commissioning group (CCG). The practice population is made up of a higher than average proportion of patients over the age 65 (19.9% compared to the national average of 17.1%). Information taken from Public Health England

placed the area in which the practice is located in the fourth more deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice is located in a converted single storey building. All patient facilities are on the ground floor. There is no dedicated car parking at the site however; there is parking in the streets surrounding the surgery. There is a disabled WC and step-free access.

Opening hours are between 8.30am and 6pm on Mondays, Tuesdays, Thursdays and Fridays, between 9am and 3pm on Wednesdays and between 9am and 10am every Saturday. Patients can book appointments in person, on-line or by telephone. Consultation times were between 8.30am and 10.30am and between 4pm to 6pm except for a Wednesday afternoon when the GP would see patients between 1 and 2pm, they were on call until 6pm when the practice was closed. Consulting times on a Saturday morning were 9 to 10am.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Gateshead Community Based Care Limited, which is also known locally as Gat Doc.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Nithyanandam Muthu Krishnan on 23 March 2016 under

Detailed findings

Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. We asked the practice to provide us with an action plan confirm how they were going to meet legal requirements. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Dr Nithyanandam Muthu Krishnan on our website at www.cqc.org.uk.

We undertook a follow up comprehensive inspection on 2 March 2017 to check that action had been taken to comply with legal requirements.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England.

The inspection team:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 2 March 2017.
- Spoke with staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.

Reviewed a sample of the practice's policies and procedures.

Are services safe?

Our findings

At our previous inspection on 23 March 2016, we rated the practice as requires improvement for providing safe services. The practice could not assure us that the arrangements in respect of the management of medicines were satisfactory or that arrangements were in place to control the potential spread of infections.

These arrangements had significantly improved when we undertook a follow up inspection on 2 March 2017.

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice carried out a thorough analysis of the significant events.

Staff told us they were encouraged to report incidents. We reviewed safety records, incident reports and minutes of meetings where these were discussed. There had been nine significant events in the last year. Lessons were shared to make sure action was taken to improve safety in the practice, for example, following one incident the policy was reviewed for electronic prescribing of prescriptions and staff received further training and guidance. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

There was a system in place to manage the safety alerts. The practice manager disseminated these to the GP who then decided on the action to take to ensure continuing patient safety and to mitigate risks. All alerts were stored in a folder once they had been actioned.

Overview of safety systems and processes

At our previous inspection we saw that the practice had some systems, processes and practices in place to keep people safe, however suitable arrangements were not in

place to help prevent the spread of infections and arrangements to manage medicines were not suitable. At this follow up inspection we saw that improvements had been made:

- Arrangements were in place to safeguard adults and children 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. The GP was the lead member of staff for safeguarding and had been trained to level three for child safeguarding. There were monthly safeguarding meetings at the practice and reports were always provided where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- At our previous inspection in March 2016 we saw that although the premises was clean and tidy chairs in the consultation rooms were heavily stained and the practice nurse did not have adequate infection control training.
- We saw at this inspection that appropriate standards of cleanliness and hygiene were followed. Issues from the previous inspection had been addressed. The seats in the consulting rooms had been recovered with washable fabric. The recently appointed practice nurse was the infection control lead; and they had received the appropriate infection control lead training. There were infection control policies in place, an audit had been carried out and concerns addressed. Hand hygiene audits were to be carried out now that the practice nurse had received the infection control lead training. There were spillage kits available.
- At our previous inspection the arrangements for managing medicines were not fully satisfactory. The monitoring of the temperature of vaccines refrigerators was not effective. The emergency medicines were not in line with national guidance and there was no risk assessment to determine which items should have been stocked. Some medicines, needles and syringes were out of date.
- We saw at this inspection that the arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording and

Are services safe?

handling.). Prescription pads were securely stored and there were systems in place to monitor their use. Vaccines were suitably stored and monitored. Daily temperature checks of the vaccine refrigerators were carried out and appropriate records were maintained. Patient Group Directions (PGD) had been adopted by the practice, to enable nurses to administer medicines in line with legislation. These were up-to-date and had been signed. (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.) The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacist.

- We saw the practice had a recruitment policy which was updated regularly. Recruitment checks were carried out. We reviewed a sample of recruitment files for both staff and locum GPs and saw that checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. We saw that the clinical staff had medical indemnity insurance.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There were health and safety policies and risk assessments. Staff had been trained in health and fire safety. There was a fire safety risk assessment and regular tests of the fire equipment. There had been a fire drill carried out in the last year. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Locum GPs were used when the lead GP was on annual leave. The practice tended to use the same locum for continuity purposes.

Arrangements to deal with emergencies and major incidents

Staff had received basic life support training and there were emergency medicines available in the practice. At our previous inspection the practice did not have a defibrillator. We saw that one had been obtained and there was oxygen with adults and children's masks.

The practice had a business continuity plan in place for major incidents such as building damage. The plan included emergency contact numbers for staff and was updated on a regular basis.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 23 March 2016, we rated the practice as requires improvement for providing effective services as there was no programme of clinical audit to improve care, treatment and people's outcomes. Staff had not received information governance or fire safety training.

These arrangements had improved when we undertook a follow up inspection on 2 March 2017.

Effective needs assessment

The practice carried out assessments and treatment 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 access to guidelines from NICE and used this information to develop how care and

treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2015/16 showed the practice had achieved 91.5% of the total number of points available to them. This score was below the England average of 95.3% and the local clinical commissioning group (CCG) average of 96.9%.

The QOF clinical exception rate was 2.2%, which was below the England average of 9.8% and the CCG average of 9.7%. 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 or contraindications.

The data for 2015/16 showed that the practice had received maximum points for 11 of the 19 clinical domain indicator

groups, which included asthma, cancer and chronic obstructive pulmonary disease (COPD) indicators. The areas where they were below the national and local averages were;

- Performance for dementia related indicators was 88% compared to 96.6% nationally.
- Performance for heart failure related indicators was 82.8% compared to 98.2% nationally.
- Performance for secondary prevention of coronary heart disease related indicators was 94.7% compared to 95.5% nationally.
- Performance for stroke and transient ischaemic attack related indicators was 93.9% compared to 97.3% nationally.

We discussed the QOF scores with the GP and practice manager. They told us that they did not exempt many patients and believed this was why their overall QOF score was lower than local and national averages. They said that they had carried a vacancy for a practice nurse for some months during the QOF period which had contributed to the low score. The practice had a pharmacist coming to the practice after our inspection to look at how they were recording QOF data. Following the inspection they emailed us to advise that the results so far for the 2016/17 QOF year were up to 91%, although this data was yet to be verified or published.

At our previous inspection the practice could not demonstrate they had an effective system for clinical audit, or that they used audits successfully to improve quality. At this inspection we saw three examples of two cycle audits. The practice also had two other audits on-going. The practice reviewed a sample of patients who were receiving a medication used to treat fluid retention in people with congestive heart failure, cirrhosis of the liver, a kidney disorder called nephrotic syndrome or to treat low potassium levels in the blood. The first audit found five patients who took the medication. Following the second re-audit it was found that 60% of these patients (three) had their treatment with this medication stopped, as they no longer required it, and the other 40% (two) of patients were reviewed and received regular blood monitoring.

Effective staffing

At our previous inspection we saw that staff had not received information governance or fire safety training. At this inspection we saw that arrangements for training had been improved.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics relating to the responsibilities of their job role. There was also a locum pack for locums working in the practice.
- The learning needs of non-clinical staff were identified through a system of appraisals and informal meetings. Staff had access to appropriate training to meet those learning needs and to cover the scope of their work. All staff had received an appraisal within the last twelve months. We saw examples of these. Staff told us they felt supported in carrying out their duties.
- The GP in the practice had received their revalidation (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list.) The GP at the practice had mentoring sessions with another local GP sole provider every month
- Staff had received training which included: fire and health and safety, equality and diversity, basic life support, safeguarding children and adults, infection control and information governance awareness. Mental capacity act training was booked for April 2017. Clinicians and practice nurses had completed training relevant to their role.

Coordinating patient care and information sharing

The practice had systems in place to plan and deliver care and information on care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services. Multi-disciplinary team (MDT) meetings took place monthly, which was part of the practice clinical meeting; the district and palliative care nurses and health visitor attended where possible. At these meetings data and knowledge of patients was used to identify high risk patients who may have needed follow-up contact or a care

plan put in place. The practice had a palliative care register which was discussed at the monthly MDT meeting in order to manage the care, treatment and support of these patients.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005 and there were plans to receive further training regarding this. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a cervical screening programme. The practice's uptake for the cervical screening programme was 73%, which was below to the national average of 81%. The practice felt this was due to there being problems with recruiting a new practice nurse. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice's rates for breast and bowel screening were comparable to local and national averages. For example, the proportion of females between 50 and 70 who had been screened within the past three years was 74%, compared to the national average of 72%.

Childhood immunisation rates were in line with clinical commissioning group (CCG) and national averages. For example, the practice had achieved above the 90% target for all four sub-indicators for childhood immunisation rates for children up to age two.

Patients had access to appropriate health assessments and checks. These included health checks for new patients with the practice nurse or the GP if appropriate. Follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that they were treated with dignity and respect.

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

We reviewed 74 CQC comment cards completed by patients prior to the inspection. The cards completed were positive. Common words used to describe the practice included, excellent, very good, and pleasant and many of the cards commented on how friendly and helpful the staff were. We spoke with two patients who were both very positive about the service they received from the practice.

Results from the National GP Patient Survey in July 2016 showed that scores from patients were variable when asked if they were treated with compassion, dignity and respect. For example, of those who responded:

- 86% said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 93% and the national average of 92%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 94% said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 scores for GPs were in some instances lower when compared to local and national averages in relation to involvement in planning and making decisions about their care and treatment but were higher for nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 97% said the last nurse they spoke to was good listening to them compared to the CCG average of 93% and the national average of 91%.
- 98% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

Staff told us that translation services were available for patients who did not have English as a first language. The lead GP spoke four different languages which included Hindi and Tamil.

Patient and carer support to cope emotionally with care and treatment

There was a wealth of information available for patients in the waiting area. This included notices in the patient waiting room telling patients how to access a number of support groups and organisations. Information regarding living well, ovarian and prostate cancer, mental health services and chronic obstructive pulmonary disease (COPD) was also available.

The practice's computer system alerted the practice if a patient was a carer. Carers were coded on the practice computer system. (Clinical coding is the translation of clinical terminology as written by a clinician into statistical code which can then be searched upon at a later date). There were 42 coded on the practice system which

Are services caring?

was 2.6% of the practice population. There was written information available for carers on the practice waiting room to help them understand the various avenues of support available to them.

Two primary care navigators and a well-being health co-ordinator provided support for patients at the practice. These staff worked across four local practices and provided drop in sessions and/or telephone calls each week to help patients to claim any benefits they were entitled to and informed them of any local clubs and activities they may have been interested in.

Staff told us that when patients moved out of the practice boundary they were not removed from the patient list. This

was confirmed by some of the patients we spoke with; they told us they would prefer to travel to Gateshead to see the GP as they had very good access. The GP also carried out home visits to those patients who lived out of the area.

The GP visited all new born babies and their families shortly after the birth. Staff told us that patients appreciated this and feedback from the local midwife had been positive. The GP visited patients when they had a stay in hospital, feedback from this was also positive. The practice had received many thank you cards.

Staff told us that if families had suffered bereavement, the GP contacted them. 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 advice on how to contact 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. Staff had worked at the practice many years and due to this and the size of the practice patients were known very well to staff and they were able to provide good continuity of care.

The practice provided a range of services which were planned and delivered to take into account the needs of different patient groups and to help to provide flexibility, choice and continuity of care. For example;

- Telephone consultations were available if required
- Booking appointments with GPs and requesting repeat prescriptions was available online.
- Home visits were available for housebound patients or those who could not come to the surgery and the GP visited those who lived outside of the area.
- The practice had a male GP. There were arrangements with another local GP practice for patients to see a female GP if necessary.
- There were disabled facilities and translation services available.
- The midwife held a clinic every two weeks at the practice.
- The practice worked closely with the local drug and alcohol abuse services and they provided accommodation so they could provide a service in the practice.
- A support group for patients experiencing mental health attended the practice weekly and provided a service to patients, patients external to the practice could also be seen.

Access to the service

Opening hours were between 8.30am and 6pm on Mondays, Tuesdays, Thursdays and Fridays, between 9am and 3pm on Wednesdays and between 9am and 10am every Saturday. Patients could book appointments in person, on-line or by telephone. Consultation times were between 8.30am and 10.30am and between 4pm to 6pm except for a Wednesday afternoon when the GP would see patients between 1 and 2pm, they were on call until 6pm when the practice was closed. Consulting times on a Saturday morning were 9 to 10am.

Of the 74 CQC comment cards completed by patients prior to the inspection, many patients commented that they thought they were fortunate to be able to obtain an appointment when they needed one. Both patients we spoke with on the day of the inspection said it was easy to obtain an appointment and usually the same day.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. There were routine appointments to see a GP on the afternoon. The GP also held a telephone clinic at 4pm every afternoon and there were appointments available for that clinic.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. For example;

- 84% of patients were satisfied with the practice's opening hours compared to the local CCG average of 78% and national average of 75%.
- 100% said they found it easy to get through to this surgery by phone compared to the local CCG average 78%, national average 73%.
- 98% described their experience of making an appointment as good compared to the local CCG average 76%, national average 73%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system. This included leaflets in the patient waiting area. Staff we spoke with were aware of the practice's policy and knew how to respond in the event of a patient raising a complaint or concern with them directly.

We saw the practice had received four formal complaints in the last 12 months and these had been investigated in line with their complaints procedure. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. The practice carried out an annual review of complaints.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 23 March 2016, we rated the practice as requires improvement for being well-led as there was no business development plan in place and a lack of governance arrangements.

These arrangements had significantly improved when we undertook a follow up inspection on 2 March 2017.

Vision and strategy

The practice had a mission statement which was displayed in the waiting room and given to all new patients who registered. This was 'to provide the highest quality health care with a team focussing not only on illness management but also on health promotion and disease prevention'. Staff knew and understood the aims of the practice.

At our previous inspection we saw there was no business or succession plan in place. We saw at this inspection that the practice had a business and improvement plan in place. There were actions with dates for completion, for example, a programme of clinical support training to be introduced and signage to be ordered for the outside of the premises.

The lead GP, although of retirement age, had no plans to retire. There were no succession plans in place as such, however, the practice were now involved with three other GP practices in the locality who were looking at developing a clinical support team and new ways of working. The pharmacist was spending time in supporting the GP with quality improvement work.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Improvements had been made since our previous inspection.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities; the GP was involved in the day to day running of the practice.
- There were leads for areas such as safeguarding, complaints and infection control.
- Practice specific policies were implemented and were available to all staff.
- The scores from the Quality and Outcomes Framework (QOF) were below local and national outcomes.

However, the practice had recognised this and felt that problems encountered in recruiting a practice nurse may have contributed to this. They were carrying out an audit of this to see if there were data recording issues.

- The practice was carrying out clinical audit to improve patient's outcomes.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The recording of significant events had improved.

Leadership and culture

The lead GP had the experience, capacity and capability to run the practice and ensure quality care. They prioritised safe, high quality and compassionate care. Staff told us that they were approachable and always took the time to listen to members of staff.

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

There was a calendar of meetings every month. There were clinical meetings which incorporated multi-disciplinary and safeguarding meetings, staff meetings for all staff and locality training every month. We saw copies of minutes of these meetings.

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

The practice had a patient participation group (PPG) which they had struggled to set up. They positively encouraged suitable patients identified by the practice team to join the group. Membership of the group was seven patients. The meetings were held every two to three months and the lead GP had attended some of the meetings. We were provided with copies of the meeting minutes. The PPG had raised concerns regarding changes of medication which were due to some patient safety alerts regarding certain brands of medication. This resulted in the practice asking the pharmacist who was attached to the practice to explain this issue to patients. The group had also given feedback to the practice which alerted them to the issues of their on-line access not working correctly.

The practice had carried out a survey of patients in April 2016; this received 23 responses with the comments mostly positive.

Are services well-led?

Good 

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

The practice introduced a bi-monthly newsletter, a copy was available on their website; this provided details of staff changes, blood pressure checks, the PPG and on-line registration.