

Freeman Clinics Limited

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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Freeman Clinics Limited on 6 October 2015. Overall the practice is rated as good.

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.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Most patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.
- Staff had received training appropriate to their roles, although training records were difficult to access on the day of the inspection.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure that appropriate records are maintained in relation to staff employed and the management and running of the practice, specifically in relation to staff training and records of meetings.

Summary of findings

- Implement arrangements to make sure that learning from significant events is shared with the relevant staff. Take steps to follow up significant events to ensure action is taken to improve safety in the practice.

In addition the provider should:

- Consider whether current clinical staffing levels are appropriate and sufficient to enable the safe running of the practice.
- Take steps to ensure that any safety alerts or national guidance is provided for all clinicians, including locums.
- Implement arrangements to check and record the immunisation status (for Hepatitis B) of all appropriate staff.
- Take steps to check that national guidelines, including National Institute for Health and Care Excellence (NICE) best practice guidelines are followed by all clinical staff.

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 requires improvement for providing safe services.

The nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. However, for some of the incidents we reviewed it was not clear how learning had been shared with all relevant staff or how incidents had been followed up to ensure action had been taken to improve safety in the practice.

There was evidence of good medicines management. The practice appeared clean and hygienic but it was not clear whether staff had received appropriate infection control training and there were no records of staff's immunisation from infectious diseases. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.

The practice relied heavily on locum GPs, in the two months prior to the inspection nearly 50% of clinical sessions were covered by locum staff. Managers were aware of the concerns and were actively attempting to recruit further GP staff.

The practice was well equipped to deal with emergencies and had been awarded the 'Star Award' by Healthwatch Newcastle for "fast thinking that saved someone's life".

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were above national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 100% of the points available. This was above the local and national averages of 96.3% and 93.5% respectively.

Patients' needs were assessed and care was planned and delivered in line with current legislation, including National Institute for Health and Care Excellence (NICE) best practice guidelines. However, there was no evidence the practice monitored that these guidelines were followed by locum staff. As nearly half of clinical sessions were covered by locums this was even more important for the practice.

Arrangements had been made to support clinicians with their continuing professional development. Staff had received training

Good



Summary of findings

appropriate to their roles. 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.

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 felt involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

The practice scored well on the National GP Patient Survey from July 2015. Results showed most patients were happy with the care received, 88% and 77% said their GP and nurse respectively, treated them with care and concern (compared to 82% and 79% nationally). A high proportion of patients (91%) said the last GP they saw or spoke to was good at listening to them (this was below the CCG average of 96% but above the national average of 87%) and 78% said the last nurse they saw or spoke to was good at listening to them (CCG average was 80% and the national average was 78%).

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Nationally reported data showed patient outcomes were above the local clinical commissioning group (CCG) and national averages. Findings from the National GP Patient Survey, published in January 2015, showed the large majority of patients were satisfied with telephone access (82% of patients said this was easy or very easy, compared to the national average of 71% and a CCG average of 75%). The survey showed that 98% of patients felt their appointment was convenient (compared the local CCG and national averages of 93% and 92% respectively).

Patients were able to book longer appointments on request and pre-bookable appointments with a GP were available everyday of the year. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Good



Are services well-led?

The practice is rated as good for providing well-led services.

The leadership, management and governance of the practice assured the delivery of person-centred care which met patients' needs. There was a clear and documented vision for the practice.

Good



Summary of findings

Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Staff said they felt supported by management. However, there were concerns about whether there was sufficient clinical leadership. Some staff told us they found it difficult to meet with the GP to obtain advice and/or support.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. However, the processes for sharing learning with relevant staff and reviewing action taken following significant events were not clear.

The practice proactively sought feedback from staff and patients, which they acted on. The practice had an active patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

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.

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was 1.1 points above the local Clinical Commissioning Group (CCG) average and 2.9 points above the England average.

The practice offered personalised care to meet the needs of the older people in its population. The practice had written to patients over the age of 75 years to inform them who their named GP was. The practice was responsive to the needs of older people, and offered home visits for health checks and flu vaccinations. GPs had good links to the local care home and regularly visited patients living there.

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.

The practice had planned for, and made arrangements to deliver, care and treatment to meet the needs of patients with long-term conditions. Patients with long-term conditions such as hypertension and diabetes were offered a structured annual review to check that their health and medication needs were being met, or more often where this was judged necessary by the GPs.

Longer appointments and home visits were 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. Patients were able to book in at a time to suit them for their recall appointments, rather than have to attend clinics at set times.

Nationally reported QOF data (2013/14) showed the practice had achieved good outcomes in relation to the conditions commonly associated with this population group. For example, the practice

Good



Summary of findings

had obtained 100% of the points available to them for providing recommended care and treatment for patients with epilepsy This was 9.3 percentage points above the local CCG average and 10.6 points above the national average.

Families, children and young people

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

The practice had identified the needs of families, children and young people, and put plans in place to meet them. 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 reviewed at monthly 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. Arrangements had been made for new babies to receive the immunisations they needed. Vaccination rates for 12 month and 24 month old babies and five year old children were in line with the local CCG area.

Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice. The practice had obtained 100% of the QOF points available to them for providing recommended maternity services and carrying out specified child health surveillance interventions. Cervical screening rates (90.9%) were well above the national average (81.9%).

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).

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 and flexible. The practice offered some online services as well as a full range of health promotion and screening which reflected the needs for this age group.

Patients could order repeat prescriptions and book appointments on-line. The practice was open everyday between 8.00am and 8.00pm. These extended hours were particularly useful to patients with work commitments.

Good



Summary of findings

The practice provided additional services such as NHS health checks for the over 40s and travel vaccinations.

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 annual health checks. The practice offered longer appointments for people with a learning disability, if required.

The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people. 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 and out of hours.

The practice worked closely with a local carer's service (Newcastle Carers) and a member of staff from the practice being nominated as the 'carers champion' within the practice.

Good



People experiencing poor mental health (including people with dementia)

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

The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia. Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.

Nationally reported QOF data (2013/14) showed the practice had achieved good outcomes in relation to patients experiencing poor mental health. For example, the practice had obtained 92.5% of the points available to them for providing recommended care and treatment for patients with poor mental health. This was in line with the local CCG average and 2.1 points above the England average. The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

Good



Summary of findings

What people who use the service say

We spoke with five patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

We reviewed seven CQC comment cards which had been completed by patients prior to our inspection.

Patients were mostly complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were generally happy with the appointments system, although some felt they waited too long for an appointment.

The national GP patient survey results published in July 2015 showed the practice was performing above many of the local and national averages. There were 107 responses (from 440 sent out); a response rate of 24%.

- 92% said their overall experience was good or very good, compared with a CCG average of 86% and a national average of 85%.

- 82% found it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 71%.
- 88% found the receptionists at this surgery helpful compared with a CCG and national average of 87%.
- 67% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG and national average of 73%.
- 98% said the last appointment they got was very convenient compared with a CCG average of 93% and a national average of 92%.
- 86% described their experience of making an appointment as good compared with a CCG and national average of 74%.
- 68% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 64% felt they don't normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that appropriate records are maintained in relation to staff employed and the management and running of the practice.
- Implement arrangements to make sure that learning from significant events is shared with the relevant staff. Take steps to follow up significant events to ensure action is taken to improve safety in the practice.

Action the service **SHOULD** take to improve

- Consider whether current clinical staffing levels are appropriate and sufficient to enable the safe running of the practice.

- Take steps to ensure that any safety alerts or national guidance is provided for all clinicians, including locums.
- Implement arrangements to check and record the immunisation status (for Hepatitis B) of all appropriate staff.
- Take steps to check that national guidelines, including National Institute for Health and Care Excellence (NICE) best practice guidelines are followed by all clinical staff.

Freeman Clinics Limited

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor, a specialist advisor with experience of GP practice management and a further CQC inspector.

Background to Freeman Clinics Limited

Freeman Clinics Limited is registered with the Care Quality Commission to provide primary care services. It is located in the Cowgate area of Newcastle upon Tyne. Freeman Clinics is a limited company which runs three GP practices across the Newcastle and North Tyneside areas.

The practice provides services to around 2,900 patients from one location: 169 Ponteland Road, Cowgate, Newcastle upon Tyne, NE5 3AE. We visited this address as part of the inspection. The practice has three salaried GPs (two female and one male), a practice nurse (female), a healthcare assistant, a practice manager, and 16 staff who carry out reception and administrative duties.

The practice is part of Newcastle Gateshead clinical commissioning group (CCG). Information taken from Public Health England placed the area in which the practice was located in the most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice population is made up of a higher than average proportion of patients under the age of 18 (28.2% compared to the national average of 14.8%). Nearly 72% of patients are under the age of 40.

The practice is located in a purpose-built two storey building. There is a lift, on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

Opening hours are between 8.00am and 8.00pm every day of the year. Patients can book appointments in person, on-line or by telephone. Appointments were available at the following times during the week of the inspection:

- Monday to Friday – 8.30am to 10.30am, 12.40pm to 3.10pm then 5.30pm to 7.00pm
- Saturday and Sunday – 8.10am to 8.30am, 11.10 to 11.30am, 1.20pm to 1.40pm then 3.30pm to 4.00pm.

The practice provides services to patients of all ages based on an Alternative Provider Medical Services (APMS) contract agreement for general practice.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care (NDUC).

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. This 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.

Detailed findings

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)

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

We carried out an announced visit on 6 October 2015. We spoke with five patients and nine members of staff from the practice. We spoke with and interviewed two GPs, a practice nurse, the practice manager, the assistant practice manager, the healthcare assistant and three staff carrying out reception and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed seven CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents.

We reviewed safety records and incident reports. GPs we spoke with said these were reviewed at monthly meetings. Staff told us they were encouraged to report incidents. We saw 41 significant events had been recorded in the 12 months prior to the inspection. We saw each individual event had been investigated, the root cause established and any learning to be taken from it identified. However, for some of the incidents we reviewed it was not clear how learning had been shared or how incidents had been followed up to ensure action had been taken to improve safety in the practice. There was very little documented evidence of discussions with staff or any subsequent reviews.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Arrangements had been made which ensured national drug alerts were disseminated by the practice manager to the salaried GPs. This enabled the clinical staff to decide what action should be taken to ensure continuing patient safety, and mitigate risks. However, the arrangements for disseminating the information to locum GPs were not clear.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding, although not all staff knew who that was. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. Clinical staff had received appropriate safeguarding training but the practice was unable to show us documentary evidence that all administrative

staff had been trained. Notes were taken at safeguarding meetings but there were no formal minutes which documented who had attended and any decisions made.

- A notice was displayed in the waiting room advising patients that chaperones were available if required. The practice nurse or healthcare assistant would act as chaperones. Both of these staff were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. Three members of staff had been identified as fire wardens; they had received training three years ago but were due to attend update sessions. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The privacy curtains in the consultation rooms appeared visibly clean but some had not been changed since December 2014. There was an infection control protocol in place, but there were no records to show staff had received up to date training. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice did not hold any records to show whether staff were immunised against infectious diseases. For Hepatitis B it is recommended that individuals at continuing risk of infection should be

Are services safe?

offered a single booster dose of vaccine, once only, around five years after primary immunisation and a blood test. It was not clear that all staff who were at continuing risk of infection had received this.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the five files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate DBS checks. We saw evidence the practice had obtained character references for most staff, with the exception of one recently employed administrative staff member. The practice manager told us they had a verbal reference but had not maintained a record of this.

Staffing

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.

The practice was open to patients seven days a week; appointments were available with GPs each day. Three salaried GPs worked at the practice but clinical sessions on Fridays, Saturdays and Sundays were covered by locum GPs. During the months of August locum GPs provided cover for nearly 50% of the clinical sessions. During August the practice was unable to provide GP services as they did not have any GPs available for several sessions, and in one instance, for a full day. In September 2015, 46% of sessions were covered by a locum. This impacted on the continuity of care for patients. Managers were aware of the concerns and were actively attempting to recruit further GP staff.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff had either received basic life support training or had been booked onto a course in the following month. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Healthwatch Newcastle had awarded the practice the 'Star Award' after being nominated by a patient in September 2014 for "fast thinking that saved someone's life".

Are services effective?

(for example, treatment is effective)

Our findings

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 systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. However, there was no evidence the practice monitored that these guidelines were followed by locums. As nearly half of clinical sessions were covered by locums this was even more important for the practice.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The Quality and Outcomes Framework 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 2013/14 showed the practice had achieved 99.0% of the total number of points available, with a clinical exception reporting rate of 10.6%. The QOF score achieved by the practice in 2013/14 was 5.5% above the England average but the clinical exception rate was 2.7% above the England average. The exception rate was above average because of the number of patients who had not attended for their reviews, despite several attempts by the practice to engage with them.

The data showed:

- Performance for diabetes related indicators was better than the national average (100% compared to 90.1% nationally).
- Performance for asthma related indicators was better than the national average (100% compared to 97.2% nationally).
- Performance for mental health related indicators was above the national average (92.5% compared to 89.4% nationally).

- Performance for osteoporosis related indicators was below the national average (66.7% compared to 83.4% nationally). However, this was because the practice did not have any patients which were in this category.

The practice used an analysis tool, Reporting Analysis and Intelligence Delivering Results (RAIDR) to look at trends and compare performance with other practices. Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw a number of clinical audits had recently been carried out. The results and any necessary actions were discussed at the clinical team meetings. This included an audit of antibiotic prescribing. An initial audit was carried out which showed only 85% of antibiotic prescriptions were appropriate. Action was taken, including inviting speakers in from the local medicines team to discuss antibiotic guidelines. A further audit cycle was carried out and this showed an improvement, in that 97% of prescriptions were appropriate.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice manager showed us how staff all completed a questionnaire which helped determine their preferred learning styles. Staff had access to appropriate training to meet these 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 the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Training records were held on two systems and some of the training certificates were not easily accessible. The practice manager sent us evidence of

Are services effective?

(for example, treatment is effective)

training, including CPR and fire safety following the inspection. Clinical education meetings were held twice a year, with GPs and nurses from the two other practices in the Freeman Clinics group.

- One of the in-house training sessions had been developed to help all staff to be aware of all roles within the practice. For example, role play was used where staff acted as patients attending health checks; they visited the GP and the nurse. Staff were all fully engaged in this and told us they had found the training very useful. For instance, reception staff said they were more aware of why a patient may need a longer appointment for a health check.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. 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 to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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. 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, where appropriate, 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 with learning disabilities and those at risk of developing one or more long-term conditions. Patients were then signposted to the relevant service. For example, the practice actively promoted the work of the Ways to Wellness programme, which supported patients in the West of Newcastle who had long term conditions.

The practice had a comprehensive screening programme. The uptake for the cervical screening programme was 90.9%, which was above the CCG and national averages of 82.1% and 81.9% respectively. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds and five year olds ranged from 98% to 100%. The flu vaccination rate for the over 65s was 74%, and for at risk groups was 59%. Both of these rates were above the national averages of 73% and 52% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the seven patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was generally in line with the average for satisfaction scores on consultations with doctors and nurses. For example:

- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 92%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 82%.
- 61% said they definitely had confidence and trust in the last nurse they saw compared to the CCG average of 65% and national average of 62%.
- 77% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG national average of 79%.
- 88% patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 91% said the GP was good at listening to them compared to the CCG average of 96% and national average of 87%.
- 83% said the GP gave them enough time compared to the CCG average of 86% and national average of 85%.
- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 82%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 74%.
- 78% said the last nurse they spoke to was good listening to them compared to the CCG average of 80% and national average of 78%.
- 79% said the nurse gave them enough time compared to the CCG average of 81% and national average of 79%.

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups. The practice was part of a local group of who had commissioned a number of voluntary organisations to provide support to patients; this included a 'Men's Shed' (where older men can meet and engage in useful practical pursuits in order to stay active and address issues of social isolation).

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. A member of the administration team had been nominated as the practice's 'carers' champion'. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the lead 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 them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) and GP practices within the area to improve outcomes for patients in the area. For example, they took part in the "Ways to Wellness" scheme (for people with certain long-term health conditions). This programme assigned a Link Worker to a patient in order to help them access services and better manage their condition. The practice also provided a room for the Link Worker, to allow them to run a weekly drop-in clinic for patients.

The practice formed part of a group of surgeries which worked with charities and community groups in the local area. These included national groups such as Men's Sheds UK (who provide support to older men and people with mental health issues such as depression). They also worked with local entities such as Scotswood Garden, who helped promote healthy lifestyle choices.

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

- The practice offered appointments between 8.00am and 8.00pm 365 days a year.
- There were longer appointments available for anyone who needed them. This included people with a learning disability or people speaking through an interpreter.
- Home visits were available for older patients / patients who would benefit from these.
- Patients were offered telephone appointments with a GP who would advise them to attend the surgery or signpost them to other services if required.
- There were systems in place to register patients who were homeless.
- There were disabled facilities, hearing loop and translation services available. There was a lift for access to the first floor. The reception desk had a lowered counter area to allow patients who used a wheelchair to talk face to face with reception staff.

Access to the service

The practice was open between 8am and 8pm every day of the year. Appointments were available at the following times:

- Monday to Friday – 8.30am to 10.30am, 12.40pm to 3.10pm then 5.30pm to 7.00pm
- Saturday and Sunday – 8.10am to 8.30am, 11.10am to 11.30am, 1.20pm to 1.40pm then 3.30pm to 4.00pm

In addition to appointments that could be booked in advance, urgent same day appointments were also available. Appointment times were flexible, so that patients who could not attend during the above times could see a GP between clinics.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. Routine appointments to see the GP or practice nurse were available to be booked within six working days. The practice also offered their patients access to a GP in the evening and at weekends as part of the extended access scheme. This helped to improve same day access to GPs for the practice's patients.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 82% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 71%.
- 86% patients described their experience of making an appointment as good compared to the CCG and national average of 74%.
- 68% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

Patients we spoke to on the day of the inspection also commented that they were able to access appointments when they needed them.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

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

We saw that information was available to help patients understand the complaints system. This included a poster in the patient waiting area and information on the practice's website. All of the patients we spoke with were aware of the process to follow if they wished to make a complaint. 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 looked at five complaints which had been received in the last 12 months. Each of these complaints had been acknowledged by the practice manager and the

complainant had been contacted in writing. The complaints had subsequently been investigated and discussed with relevant staff or at team meetings. Patients were informed of the outcome of their complaint by letter.

There was evidence that lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, staff on reception had been reminded to use a "three-point check" when registering patients. This was in response to a complaint where an appointment had been sent via text message to the wrong patient. The "three-point check" required staff to check three pieces of identifiable information to ensure patients with the same names and dates of birth were not confused with one another.

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's vision was to 'provide patients with the highest standard of personal health care we can achieve and to seek continuous improvement in the health of the practice population. We aim to achieve this by maintaining a professional and contented practice staff who are responsive to patient needs'.

'Our aims are to:

- Provide the best possible standard of medical care
- Be courteous, approachable and friendly
- Ensure a safe and effective surgery environment
- Maintain a professional and dedicated surgery team
- Continuously improve our services offered
- Act with integrity and complete confidentiality
- Treat all patients and staff with dignity, respect and honesty
- Maintain robust information governance procedures to protect our patient records
- Take complaints seriously, investigate them thoroughly and provide an honest response'.

These priorities were reflected in the practice's statement of purpose. Staff we spoke with showed they shared these values, and they consistently spoke about the care of patients being their main priority.

The practice had a supporting business plan which reflected the vision and values, although this was due to be updated.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, although arrangements to ensure staff had read and understood policies were informal. The practice manager said these would be formalised going forward.
- Managers had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the processes for sharing learning and reviewing action taken following significant events in the practice were not clear.

Leadership, openness and transparency

The practice manager had the experience, capacity and capability to run the practice. They prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. They encouraged a culture of openness and honesty. However, there were concerns about whether there was sufficient clinical leadership. The lead GP worked for two days in the practice, one each for clinical and managerial tasks. We found that there was insufficient monitoring of the locums who worked at the practice. Some staff told us they found it difficult to catch the GP to obtain advice and/or support.

The practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us that regular team meetings were held. They said there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. Staff told us they felt confident in doing so and were supported if they did. Staff from the practice also attended the monthly CCG protected learning time (Time In, Time Out) initiative. This provided the team with dedicated time for learning and development.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met on a regular basis and submitted proposals for improvements to the practice management team. For example, changes to the background music in the waiting room had recently been made following a suggestion from the group.

Patients were involved in how changes to the service were implemented. The practice manager told us they were considering whether to introduce nurse appointments over the weekend. Before any decisions were made they were going to carry out a patient survey to find out if that was what patients wanted.

Are services well-led?

Good 

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

The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Managers told us they were keen to ensure all staff were aware of all roles within the practice. All of the administrative team had recently been asked whether

there were any areas they would like to get involved in. One person had taken the lead on developing the 'You're Welcome' project (this had the aim of making health services young people friendly). They had created a display in the waiting room to inform young people what the practice could offer them. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems and processes were not in place to assess, monitor and improve the quality and safety of the services provided.</p> <p>Systems and processes were not in place to enable the provider to maintain records to be kept in relation to persons employed in the carrying on of the regulated activity and the management of the regulated activity.</p> <p>Regulation 17 (2) (a) and (d)(i)(ii)</p>